

REQUIRED MINIMUM DISTRIBUTION FORM

CONTACT INFORMATION:

Phone: 1-800-442-3814

MONDAY - FRIDAY, 9:00AM - 5:00PM ET.

REGULAR MAIL:

BARON FUNDS®, P.O. BOX 219946, KANSAS CITY, MO 64121-9946

OVERNIGHT DELIVERY:

BARON FUNDS®, 430 W. 7TH STREET, KANSAS CITY, MO 64105-1514

WIRE INSTRUCTIONS:

UMB BANK, N.A.
ABA NO. 1010-0069-5
FBO BARON FUNDS,
ACCOUNT NO. 98-7037-101-4
OWNER'S NAME, OWNER'S ACCOUNT
NO., SPECIFY FUND NAME

1. ACCOUNT INFORMATION (PLEASE PRINT)

WEBSITE:

https://www.baronfunds.com/

This form may be used to request a Required Minimum Distribution (RMD) from your Baron Funds retirement account. If you are a beneficiary looking to take a distribution due to the death of an IRA account owner, you will need to complete the Inherited IRA Beneficiary Re-Registration Form. All other types of non-mandatory distributions may be completed with an IRA Distribution Form.

Please complete all sections and mail form to the address on the left.

Name		
Residential Address (If the address is no	in the United States, please see Step 7.)	
Primary Phone Number	De	ate of Birth
Note: Baron Funds will calculate your c IRAs, please list each fund/account nu	istribution(s) for the fund/account(s) provided. If you nber below.	wish to take distributions from all of your Baron Funds
Fund Name/Number	Account Number	Percent Distribution (see Step 2 below)

2. REQUIRED MINIMUM DISTRIBUTIONS

Required Minimum Distributions (RMDs) are minimum amounts that IRA account owners (excluding Roth IRAs) must withdraw annually starting in the year they reach age 73. The first RMD payment can be delayed until April 1 following the year in which the account owner turns 73. For all subsequent years, including the year of the original distribution, the account owner must take the RMD by December 31. IRA account owners are responsible for taking the correct amount of RMDs on time every year from their accounts and face potential penalties for failure to take RMDs. We encourage you to consult your accountant or tax adviser for additional information on RMD rules, penalties, and exceptions.

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Please select one of the following:			
■ Based on my own RMD calculation, I balance, per year. (If the distribution i	authorize Baron Funds to distribute \$s to be taken from multiple fund/accounts please in	* or* dicate the amount/percentage for each in	_% of my account n Step 1 above.)
□ I authorize Baron Funds to calculate applicable life expectancy divisor us	e my RMD for me*. I wish to set up distributions ing the Uniform Lifetime Table.	based on my age, year-end account	balance, and the
	my RMD for me based upon the Joint and Last Surviv your spouse and they are more than 10 years you ow.)		
Spouse's Name		Date of Birth	
	tributions unless you complete the Systematic Distril Funds each year to request your RMD. Baron Fund		
*A Signature Guarantee is required in	Step 8 if you request a distribution for more than	\$100,000.	
3. METHOD OF PAYMENT			
(Please select one of the following)			
□ Send my distribution check to my ad	dress of record.*		
□ Send my distribution check to an add	dress other than my address of record.*		
Payee Name			
Street Address or P.O. Box			
City	State	Zip	
*A Signature Guarantee is required in not made payable to the registered ow	Step 8 if you request a distribution to be sent to mer, or the address of record has been changed v	an address other than the address of re rithin the last 30 days.	cord, the check is
☐ Invest my distribution into my existing	non-retirement account with Baron Funds:		
Fund Name/Number	Account Number	Percent Distributi	ion
			TOTAL 100%

□ Send my distribution proceeds to my bank. (Please complete Step 5.)

(Please choose the date(s) and frequency wish for Baron Funds to calculate your		Step 2 to determine the exact ar	nount of the systematic distribution or if yo
Date of Distribution: 25 th		Starting Month	
Frequency of Withdrawal: • Month	ly • Quarterly • Annually		
How would you like to receive your dis	tributions? (Please select one.)		
■ By Check to my address as outlined	l in Step 3	■ By ACH to my	bank (See Step 5)
Note: The withdrawal program will star	rt at least 15 days after the initial	set-up.	
5. BANK INSTRUCTIONS			
(Please select one of the following meth	nods of redemption. Please attach	a pre-printed voided check belo	w.)*
□ ACH (requires up to three business of	days, at no charge)		
☐ Fed Wire (next day, for an additional as wires are not available for system	al charge of \$10, deducted dire- natic withdrawals.)	ctly from the redemption proceed	ds. This option is for a one-time distribution
	ATTACH VO	IDED CHECK	
Bank's Name			
Bank Routing Number		Checking or Savings	
Account Registration		Account Number	
*A Signature Guarantee is required in	Step 8 if the above bank instruct	tions are different than the bank	of record.

6. WITHHOLDING INSTRUCTIONS

4. SYSTEMATIC DISTRIBUTIONS

The law requires the federal income tax be withheld from your IRA distributions at a rate of 10% unless you elect otherwise. If you do not check a box, 10% will be withheld.

- $lue{}$ I elect to have taxes withheld from my IRA distribution
- \blacksquare I elect to have _____% taxes withheld from any IRA distribution. (can not be less than 10%)
- □ I elect not to have federal tax withheld from my distributions. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rule, if my withholding and tax payments are not sufficient.

7. FOREIGN PAYMENT INSTRUCTIONS

Payments to an address outside the United States are subject to special rules. U.S. citizens receiving payments outside the United States may not waive withholding. Withholding for foreign citizens is subject to tax treaty rules. See IRS Publication 515 for more information.

Certification:

- □ I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding and cannot be waived.
- □ I hereby certify that I am a foreign citizen. I am attaching Form W-8BEN to certify my status and comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution payments based on my certification or lack thereof.

8. AUTHORIZATION

I hereby authorize the distribution from the IRA to the undersigned and certify that it is in accordance with the provisions of the IRA plan. If I am over 73, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian for Baron Funds, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distribution or in the event I fail to meet the minimum distribution requirements.

A Signature Guarantee assures that a signature is genuine and protects investors from unauthorized requests. A Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is <u>not</u> acceptable.

Account Owner's Signature and Date	Affix Signature Guarantee Stamp.	
	Name of Bank or Firm	
	Signature of Officer	Title