

72(t) Calculation Request for Substantially Equal Periodic Payments (for retirement plan accounts only)



Use this form to request substantially equal periodic payments ("SEPPs") from your Individual Retirement Account ("IRA") when you are under the age of 59½, or if you are requesting SEPPs from your 403(b)(7) account, you are separated from service and are under the age of 59½. Ordinarily, distributions from an IRA or 403(b)(7) account prior to age 59½ are subject to a 10% tax penalty (in addition to ordinary income taxes). SEPPs allows an individual to take distributions from an IRA or 403(b)(7) account before age 59½ without incurring a 10% tax penalty. SEPPs are made at least annually based upon your life expectancy or the joint life expectancies of yourself and your designated beneficiary. If the payments are modified (by reasons other than death or disability) before the latter of age 59½ or five years, the exception to the 10% penalty tax does not apply, and your tax for the year of modification will be increased by the 10% tax on all payments made before age 59½, as well as any interest that may be assessed on the tax obligation that was avoided. SEPPs must be made for at least five years or until you reach age 59½, whichever is longer.

• If you would like Transamerica Fund Services, Inc. ("TFS") to complete the calculation, complete Section Three.

• If you are requesting SEPPs from your 403(b)(7) account, you must also complete the Transamerica Funds 403(b)(7) Distribution Form.

Once you have completed all relevant sections, mail this form to:

Regular Mail
Transamerica Fund Services, Inc.
P.O. Box 219945
Kansas City, MO 64121-9945

Overnight Mail
Transamerica Fund Services, Inc.
330 W. 9th Street
Kansas City, MO 64105

Forms for other types of distributions and account maintenance are available on our website at www.transamericafunds.com. For assistance call Transamerica Fund Services, Inc. toll free at 1-888-233-4339, Monday through Friday.

Section One – Account Owner Information

Name of Account Owner _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

Daytime Telephone Number _____ E-Mail Address _____

Section Two – Accounts

Note: Distributions under the annuity factor or amortization method will be taken in equal amounts from each fund account indicated. For example, if your distribution is \$200 and you indicate two fund accounts, \$100 will be taken from each. Distributions under the RMD method will be taken according to the life expectancy calculation for each fund account listed below.

Fund and Account Number _____ Fund and Account Number _____

Fund and Account Number _____ Fund and Account Number _____

Section Three – 72(t) SEPP Calculation (Completed by TFS)

1) Please select the reason for your 72(t) SEPP calculation

- I am requesting a 72(t) SEPP calculation for the purposes of taking early distributions from my IRA or 403(b)(7) account.
- I am currently taking a 72(t) SEPP under the annuitization or amortization distribution method. I am requesting a one-time recalculation under Revenue Ruling 2002-62 of my 72(t) payment using the Required Minimum Distribution (RMD) tables.

2) Calculation Methods for your 72(t) SEPP calculation.

TFS will mail or fax the three calculation methods shown below for you to review.

- Annuity Factor
- Amortization*
- Required Minimum Distribution*

Note: When calculating the Amortization or RMD method, TFS must also use one of the tables below. TFS will use the Uniform Life Life Table unless otherwise specified.

- Uniform Life Table (produces the lowest distribution amount)
- Single Life Expectancy Table (produces the highest distribution)
- Joint Life and Last Survivor Table*

*Please confirm beneficiary name and date of birth on your account

Name of Oldest Designated Beneficiary _____ Date of Birth _____

3) Please choose the preferred delivery method for receipt of your calculation

- I would like the calculation mailed to the address provided in Section One
- I would like the calculation faxed to the following fax number _____

4) Once you receive the 72(t) SEPP Guide with Calculation Methods Comparison, review it carefully and select your preferred calculation method. Please sign and return the completed 72(t) SEPP Guide with Calculation Methods Comparison Form to TFS for processing.

Section Four – 72(t) SEPP Calculation (Completed by Third Party)

Please complete the following only if a third party completed the SEPP calculation.

- I have consulted with my tax adviser who provided me with a SEPP distribution calculation, and I am providing this information to TFS to establish a systematic 72(t) distribution. (You **must** include a copy of the payment schedule, along with the assumptions made (i.e. interest rate, account value, calculation method, etc.) by your tax professional.) TFS will be held harmless and bears no responsibility for the calculation performed by my tax professional and any payments and corresponding tax consequences which are based on this calculation.

Section Five – Tax Withholding (do not complete if your distributions are from a 403(b)(7) account)

Federal Withholding

- Withhold _____% (10% minimum) as a federal income tax withholding election from my distribution.
- Do not withhold federal income tax from my distribution.

NOTE: If you DO NOT make a federal withholding election, 10% will be withheld and forwarded to the IRS. This is a federal requirement. If you elect to not have withholding, you are still liable for payment of federal income taxes on the taxable portion of your distribution. If federal tax is withheld, state tax will also be withheld if you reside in a state listed below.

State Withholding

If federal withholding is applied to your distribution(s) above and you are a resident of one of the following states, you are required to make a state withholding election: California, Delaware, Iowa, Kansas, Louisiana, Maine, Massachusetts, North Carolina, Oklahoma, Oregon, Vermont, or Virginia.

NOTE: If your state is not listed above, TFS will not be able to take state withholding. If you are a resident in Georgia or Michigan, you can request withholding, but it is not required.

- Withhold the state-calculated income tax for my state.
- Withhold \$ _____ (in whole dollar amount) for state income tax.*
- Do not withhold state income tax from my distribution.

* The following states require that a whole dollar amount be provided for state withholding: Iowa, Maine, Michigan, North Carolina, and Oklahoma.

Section Six – Payment Options

Payments should be made:

- by check to my address of record.
- by electronic transfer to my bank account.* (If you elect this option, complete Section Six.)
- by check to an address other than the address of record, as noted below.**
- by check to a recipient other than myself, as noted below.**

Recipient's Name (if other than the account owner)

Address

City State Zip Code

- by check deposited directly to my non-retirement mutual fund account(s) in my name
- deposit in the fund(s) indicated on the attached Transamerica Funds New Account Application
- deposit in the following account(s):

Fund Name Fund Number and Account Number \$ or %

Fund Name Fund Number and Account Number \$ or %

I would like my substantially equal payments paid:

- Annually Semi-Annually Quarterly Monthly

Start Date: _____
(Month/Day)

NOTE: Distributions made payable by check will be made on or about the 20th of the month and should be received on or near the 1st of the following month.

* The withdrawal may be made between the 3rd and the 28th only, and will be made on or about the 20th if no selection is made.

** An original STAMP2000 signature guarantee is required for this option.

Section Seven – Electronic Bank Link (optional)

By checking one of the boxes below, I authorize money to be transferred between my financial institution and Transamerica Funds.

- I have attached a pre-printed voided check or savings account deposit slip with my bank information.
- Use the current bank information available on my retirement plan account.

Note: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program ("STAMP2000") signature guaranteed letter from the bank account owner authorizing use of the bank information will be required. Due to your bank's requirements, please allow up to 30 days for the Electronic Bank Link to begin.

**Attach voided check or savings deposit slip here
(Please use clear tape. Do not staple.)**

Section Eight – Signature

By signing this form, I acknowledge that I have read the information on the preceding pages, and that I understand that any distributions requested will be subject to applicable fees.

I agree to defend, indemnify and hold harmless Transamerica Fund Services, Inc. ("TFS"), its affiliates and assigns from the consequences of accepting this transaction.

I understand that SEPPs are taxable, and are subject to federal (and applicable state) income tax withholding, unless I elect not to have income tax withheld. I further understand that failure on my part to provide TFS with my correct name and taxpayer identification number will result in TFS having to ignore my election to not withhold income tax. I have consulted with my tax advisor regarding these matters.

I understand that for an IRA or 403(b)(7) account, withholding will apply to the full amount withdrawn. Federal income tax on IRA distributions will be withheld at a rate of 10% of the taxable amount unless I elect otherwise. If my distribution is from a 403(b)(7) account, I hereby acknowledge that I have received and read the *Special Tax Notice* regarding distributions and waive the 30-day period that I may use when electing my distribution.

I understand that if I am a resident of a state that requires income tax withholding, I am electing not to have state income tax withheld when I elect not to have federal income tax withheld. If state income tax withholding applies, TFS will withhold the amount required by my residency state.

I certify that I am the account owner and that all information provided herein is correct. I expressly assume full responsibility for all tax implications of this distribution. I understand that TFS, its affiliates and its representatives cannot give legal, tax, or accounting advice. I acknowledge that I consulted my tax advisor and/or legal counsel before requesting SEPPs on this form. I have read and understood all preceding pages of this form and I have completed all applicable sections.

Signature

Date

STAMP2000 Signature Guarantee

Acceptable guarantors only include participants in the Securities Transfer Agents Medallion Program ("STAMP2000"). Participants in STAMP2000 may include financial institutions such as banks, savings and loan associations, trust companies, credit unions, broker/dealers, and member firms of a national securities exchange.

An original Signature Guarantee is required if:

- Your withdrawal is more than \$100,000.
- The withdrawal by check is made payable to someone other than the account owner.
- Your check is to be mailed to an address other than the address of record.
- You request a withdrawal by check within 10 days of a change of address.
- Funds are being wired to a bank account not currently on file.

Signature Guarantee

Name of Signing Officer (please print)

Date