

Beneficiary's Social Security Number

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or Tax Identification Number

□□-□□□□□□□□

Beneficiary Distribution Account Number

□□□-□□□□□□□□

Premiere SelectSM

IRA Distribution Request Form For Non-Spouse Beneficiary

General Instructions

This Form should be used to request a distribution from your Premiere Select IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("IRA-BDA") or to change your Funding Options on an existing IRA-BDA Systematic Withdrawal Plan.

In January 2001, the IRS issued proposed Minimum Required Distribution regulations ("2001 IRS Proposed MRD Regulations"). Please consult your tax advisor for information and guidance on how the 2001 IRS Proposed MRD Regulations may impact your death distribution requirements.

Distribution Choices for Non-Spouse Beneficiaries

Below is a list of the choices generally available to you as a Premiere Select IRA beneficiary. Please read this information carefully. If you have any questions concerning your distribution choices, please consult your tax advisor.

Upon the death of an IRA owner, the beneficiary(ies) may generally: 1) deplete the account by December 31 of the year containing the fifth anniversary of the account owner's death, or 2) distribute the account over the appropriate life expectancy to satisfy Minimum Required Distribution rules and start such distributions by December 31 of the year following the year the IRA owner died.

Note: If an individual who elects the 4-year Spread for 1998 conversion amounts dies before the entire conversion amount has been included in income, the remainder of the conversion amount must be included in the final federal income tax return of the decedent.

Beneficiary Distribution Account (BDA)

If you are the beneficiary (including a successor beneficiary) of an inherited IRA and you have not yet initiated the transfer of the inherited IRA to a Premiere Select IRA-BDA or Roth IRA-BDA as applicable, you must do so by completing the **Premiere Select IRA Beneficiary Distribution Account Application** and submitting it to your Investment Professional before or at the same time that you submit this Form. Distributions to you, as beneficiary, may only be processed from your Beneficiary Distribution Account*. Please submit this Form only when you are ready to request a distribution(s).

* A Beneficiary Distribution Account is an account from which the assets of a decedent's IRA to which a beneficiary is entitled will be distributed upon proper direction.

I wish to request a distribution as follows (please check the request you are making and be sure to complete all appropriate sections as indicated):

I wish to take a one-time distribution from my IRA-BDA. Please complete Sections 1, 2, 6, 7 & 8.

I wish to take periodic distributions from my IRA-BDA which will begin within 12 months of the current date. Please complete Sections 1, 3, 4, 5, 6, 7 & 8.

I wish to change my Funding Options on my existing IRA-BDA Systematic Withdrawal Plan (SWP). Please complete Sections 1, 4 & 8. (If you are making additional changes to your existing IRA-BDA SWP please also complete the applicable periodic distribution option in Section 3 and any other sections applicable to the change.)

Please note: If the decedent died after his/her required beginning date, you must satisfy the decedent's MRD for the year of death if the decedent had not done so prior to death. The MRD for year of death should be satisfied prior to transferring or rolling over the decedent's IRA assets to your own IRA.

This completed Form should be returned to your Investment Professional.



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For full distributions, a \$50 liquidation fee and a final year \$30 maintenance fee, if applicable, will be collected from the final distribution amount.

1 Beneficiary Distribution Account Information

Beneficiary's First Name _____ MI _____ Last Name _____

Beneficiary's Address _____

City _____ State _____ Zip _____

Beneficiary's Date of Birth - - Beneficiary's Phone # _____

2 One-Time Distribution Instructions

Complete this section if you wish to request a one-time distribution from your Beneficiary Distribution Account.

A. Partial Distribution in Cash

The distribution will be paid from the balance in the core money market mutual fund account. You must ensure there are sufficient funds in this account for the distribution to be made. If a liquidating trade is necessary, please contact your Investment Professional. If there are insufficient funds available in the core money market mutual fund account to process the requested distribution upon receipt of this Form in good order by the IRA Custodian, National Financial Services LLC ("NFS") will generally attempt to process your requested distribution for the next 15 business days. Generally, if there are insufficient funds available by the expiration of that 15-day period, your requested monetary distribution will not be processed.

Please provide a specific dollar amount to be distributed and select one payment method in Section 6:

Partial Distribution Amount \$ _____

B. Partial Distribution in-Kind

Please provide the security name(s) and share/unit amount(s) for the security position(s) to be distributed in-kind. Shares/Units will be re-registered into your Non-Retirement Brokerage Account (Please provide your Account number below). Certain securities may only be issued in specified denominations. Please consult your Investment Professional.

Investment Name	CUSIP or Symbol	# of Shares
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

If more space for investment information is needed, please list the information requested above along with your name, Account number and Social Security number on a separate sheet of paper and attach it to this Form.

Distribution to my new* or existing Non-Retirement Brokerage Account # - (required)

*Note: An application must be completed to establish a new Non-Retirement Brokerage Account. Please consult your Investment Professional.

C. Full Distribution (Please distribute my entire IRA-BDA balance)

For the portion of the full distribution that is to be made in cash from the core money market mutual fund, please select one payment method in Section 6.

For the portion of the distribution to be made in-kind, please provide your Non-Retirement Brokerage Account number to which the security position(s) will be distributed. Shares/Units will be re-registered to your Non-Retirement Brokerage Account (Please provide your Account number below). Certain securities may only be issued in specified denominations. Please consult your Investment Professional.

Distribution to my new* or existing Non-Retirement Brokerage Account # - (required)

*Note: An application must be completed to establish a new Non-Retirement Brokerage Account. Please consult your Investment Professional.



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3 Periodic Distribution Instructions

Complete this section if you wish to establish a Systematic Withdrawal Plan to receive distributions from your Beneficiary Distribution Account (BDA) on a regular basis. Please consult your tax advisor regarding your distribution choices and the time over which you are required to take distributions and appropriate distribution amounts.

Please choose one periodic distribution option below (A, B OR C)

A. Fixed amount per period. (Please specify the amount to be distributed each period.)

Please consult your tax advisor regarding the amount and frequency of payments.

Fixed Distribution Amount \$ _____

B. Fixed Period Calculation Option

Indicate the number of years over which you wish to deplete your BDA. The amount of each payment will be calculated by dividing the total BDA balance by the remaining number of payments. Each payment will be calculated based on the total balance of all your positions in your BDA on the day before the distribution is scheduled.

Please deplete the entire balance of my account over _____ years.

Note: This choice generally does not apply if the beneficiary is an entity. Please consult your tax advisor.

C. Payment to be based upon my single life expectancy

The annual payment amount will be calculated based on your current single life expectancy which will be reduced by one year for each remaining calendar year distribution. Distributions will be paid in equal installments in accordance with the payment frequency selected in Section 5.

Important Note: If you are choosing this option to satisfy your Minimum Required Distribution (“MRD”), please consult with your tax advisor to ensure that this option is applicable to your specific situation. It is your responsibility to ensure that your distributions satisfy IRS requirements.

4 Funding Your Periodic Distributions

Your periodic distribution payments will be made based on the funding instructions you provide below. Please note that systematic withdrawals can be made from money market mutual fund and certain other mutual fund positions only (check the fund's prospectus to see if systematic withdrawals are permitted); any other securities/positions in your BDA cannot be used to directly fund your periodic distribution payments.

NFS will place liquidating trades for the requested dollar amount needed for the scheduled distribution. The trade will be placed up to three days prior to the scheduled date of distribution to allow for trade settlement. Back-end loads, redemption fees or transaction fees may result in the actual distribution amount to be less than requested. If you are requesting distributions to meet a Minimum Required Distribution, it is your responsibility to ensure that your distributions satisfy IRS requirements. NFS cannot ensure that your distributions satisfy IRS requirements. Additionally, certain mutual funds may be closed to new investors. If one of these funds is subject to your distribution instructions, please be aware that your position could be fully liquidated, and this would prohibit you from future investments in the fund.

Funding Options (Please choose one funding option below – A, B OR C)

A. Please make payments by liquidating from my core money market mutual fund only – If a liquidating trade is necessary, please contact your Investment Professional.

B. Please make payments by liquidating from all my money market mutual funds and other mutual funds proportionately.

C. Please make payments by liquidating from the money market mutual funds and/or other mutual funds listed below according to the following percentage amounts (percentages must equal 100%; do not use fractional percentages or dollar amounts):



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Investment Name	CUSIP or Symbol	Percentage Amounts
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>

If more space for investment information is needed, please list the information requested above along with your name, Account number and Social Security number on a separate sheet of paper and attach it to this Form.

Must equal 100%

Contingent Funding Options

You may select a contingent funding option to be used if there are insufficient funds available in one or more of the money market mutual fund and/or other mutual funds selected in the above Funding Options Section. If you do not select either option A or B below, then your contingent funding option will be to take money from your core money market mutual fund only.

In the event there is not enough money in one or more of the money market mutual funds or other mutual funds that I have selected in "Funding Options" above, please do the following:

- A.** Make payments by liquidating my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating my other money market mutual funds liquidating from the lowest balance money market mutual fund first.
- B.** Make payments by liquidating my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating my other money market mutual funds liquidating from the lowest balance money market mutual fund first and if there are insufficient funds in my other money market mutual funds then make payments by liquidating my other mutual funds taking money from the lowest balance mutual fund first.

Important Note: If there are insufficient funds available to process the periodic distribution in accordance with the above Funding Options and/or Contingent Funding Options, NFS will generally attempt to process your requested distribution each day for the next 15 business days. Generally, if there are insufficient funds available by the expiration of that 15-day period, the distribution for that period will not be processed. If you, as beneficiary of an IRA, fail to receive the minimum amount required after the death of the IRA owner, a 50% excise tax penalty is applied to the difference between the amount that should have been received and the amount that was actually received. Please consult your tax advisor.

5 Frequency of Periodic Distribution Payments

Please indicate when you would like your distributions made. Periodic distributions will not be permitted more often than once per month.

Frequency: Monthly or Other

If other, please select month(s) for payment(s):

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Beginning Date: - (Beginning date cannot be greater than one year from date of this distribution request.)

Day of Month: (If no payment date is provided, payment(s) will be made on the 20th day of the month(s). The payment day must be the same day for each payment period.)



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The Systematic Withdrawal Plan will be activated in accordance with your instructions approximately seven (7) business days after receipt by the IRA Custodian of this Form in good order.

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Payment Method for Cash Distributions

Please indicate how you would like to receive your distribution payment(s). Please note, if no payment method is selected, your payment will be made by check to your address of record.

A. Cash distribution to my new* or existing Non-Retirement Brokerage Account

[] [] [] - [] [] [] [] [] []

(A signature guarantee is required in Section 8 if the Non-Retirement Brokerage Account is registered in other than your name only.)

*Note: An application must be completed to establish a new Non-Retirement Brokerage Account. Please consult your Investment Professional.

B. Check to my address of record

A check will be mailed to your address of record.

C. Check to an alternate address

If you want a check sent to an address other than the address to which your IRA statements are currently sent (your address of record), please provide the following address information. (Signature guarantee is required in Section 8.)

Street Address _____
City _____ State _____ Zip _____

D. Directly deposited to my bank or credit union account, using Electronic Funds Transfer (EFT)

If your account is not currently set up for EFT, please note that EFT will take up to 14 days to set up. If you would like to establish EFT and can allow up to 14 days for your first payment, please complete the Bank Information section below and attach a voided check. Once EFT is established, please allow 2-3 days for funds to reach your bank or credit union. The recipient bank must be a member of the Automated Clearing House or we cannot transfer your distribution. (Signature guarantee is required in Section 8.)

E. Wired to my Bank Account (Wires are available for one-time distributions only.)

A wire processing fee may apply. Your bank may also charge a fee for receipt. The recipient institution must be a member of the Federal Reserve System or we cannot wire your distribution. Please attach a voided check and complete the Bank Information section below. (Signature guarantee is required in Section 8.)

Bank Information — If you have elected Option D or E above, please complete this section and attach a voided check. For wires, please verify the appropriate wire instructions with your Bank.

Type of Bank Account: [] Checking [] Savings (non-passbook) [] NOW / MMDA

Bank Name _____

Your Bank Account # _____ Your Bank's Routing # _____

Your Name as it Appears on your Bank Account _____



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Notice of Withholding

Please read carefully and complete if you have elected to receive a distribution under Section 2 or 3.

Your IRA-BDA distributions, other than Roth IRA-BDA distributions, are subject to federal (and in some cases, state) income tax withholding unless you elect not to have withholding apply. Withholding will apply to the gross amount of each distribution, even if the decedent made non-deductible contributions. Moreover, failure to provide a U.S. residential address will result in 10% federal income tax withholding (and possible state income tax withholding) on the distribution proceeds even if you have elected not to have tax withheld (an IRS requirement as applicable). A Post Office Box does not qualify as a residential address.

If you elect to have withholding apply (by indicating so on the Distribution Request Form for Non-Spouse Beneficiary, by making no choice, or by not providing a U.S. residential address), federal income tax will be withheld from your IRA-BDA distribution(s) (excluding Roth IRA-BDA distributions) at a rate of at least ten percent (10%). Federal income tax will not be withheld from distributions from a Roth IRA-BDA unless you elect to have such tax withheld.

If federal income tax is withheld from your distribution, state income taxes may also be withheld. Your state of residence will determine your state income tax withholding requirements, if any. Your state of residence is determined by your legal address of record provided for your IRA-BDA.

Residents of IA, KS, MA, ME, OK, OR, and VT: If federal income tax is withheld, state income tax of at least your state's minimum amount or percentage must be withheld in addition to federal income tax withholding at the time of your distribution. If you elect out of federal income tax withholding, state income tax will not be withheld unless you indicate otherwise.

Residents of CA, DE, and NC: If federal income tax is withheld, state income tax of at least your state's minimum amount or percentage must be withheld in addition to federal income tax withholding at the time of your distribution unless you elect not to have state income taxes withheld.

Residents of AK, AZ, FL, HI, MI, MS, NH, NV, NY, SD, TN, TX, WA, WY: State income tax withholding is not available on your IRA-BDA distributions. Please consult your tax advisor, state agency, or Investment Professional for more information.

Residents of all other states and the District of Columbia: You are not subject to mandatory state income tax withholding, however, you may elect voluntary state income tax withholding in an amount or percentage. If you elect to have state income taxes withheld and your state provides a minimum amount or percentage for withholding, you must elect an amount that is not less than your state's minimum withholding requirements. If the amount you elect for withholding is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

Whether or not you elect to have federal, and if applicable, state income tax withheld, you are still responsible for the full payment of federal income tax, any state tax or local taxes, and any penalties which may apply to your distribution(s). Whether or not you elect to have withholding apply (by indicating below), you may be responsible for payment of estimated taxes. You may incur penalties under the IRS and applicable state tax rules if your estimated tax payments are not sufficient.

If you are not a U.S. person (including a U.S. resident alien), you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with the Distribution Request Form for Non-Spouse Beneficiary to claim tax treaty benefits, if applicable. To obtain Form W-8BEN, please consult your tax advisor or go to the IRS Web site at http://www.irs.gov.

Note: If you are not a U.S. person (including a U.S. resident alien), DO NOT complete this section.

Indicate your withholding election below. If you are requesting periodic distributions, the withholding elections below will apply to each payment in the series until you change the elections in writing. You may change your election for any subsequent distribution(s) by simply completing another Premiere Select IRA Distribution Request Form for Non-Spouse Beneficiary and submitting it to your Investment Professional.

Federal Income Tax Withholding — Choose One

IRS Regulations require us to withhold federal income tax at the rate of 10% from your total IRA-BDA distributions, except Roth IRA-BDA distributions, unless you elect NOT to have withholding apply. (For Roth IRA-BDA distributions for which no withholding instructions are provided, taxes will not be withheld.)

- I Do Not want to have federal income tax withheld from my IRA-BDA distribution(s).
I want to have federal income tax withheld from my IRA-BDA distribution(s) at the rate of: ____%.
If you select a percentage of less than 10%, we will withhold 10%.



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State Income Tax Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Your state of residence is determined by your legal address of record provided for your IRA-BDA. If federal withholding is applied, state income tax may also be required, regardless of your election. Please see information in Notice of Withholding section above for your states' rules. **Do not complete this section if you are a resident of AK, AZ, FL, HI, MI, MS, NV, NY, SD, TN, TX, WA, or WY.**

- I **DO NOT** want state income tax withheld. (For residents of CA, DE and NC you must check this box if federal income taxes are withheld and you do not want state income taxes withheld.)
- I **want** to have state income taxes withheld from my IRA-BDA distribution(s) in accordance with the minimum amount or percentage, if any, as determined by the requirements of my state of residence. Note: If your state does not provide a minimum amount or percentage for withholding and you do not provide an amount or percentage below, state income taxes will not be withheld from your distributions.

I **want** to have _____ (insert dollar amount) withheld from my IRA-BDA distribution(s) for state income taxes;
OR

I **want** to have _____ (insert percentage) withheld from my IRA-BDA distribution(s) for state income taxes.

Note: If you elect to have state income taxes withheld from your IRA-BDA distribution(s) in an amount or percentage that is less than your state's minimum withholding requirements, your state's minimum amount or percentage will be withheld.

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Signature

Please check to make sure you have completed all appropriate sections of this Form, then sign and date below.

Your signature must be guaranteed (i) for a distribution amount of \$25,000 or more, (ii) if your distribution is being made using Electronic Funds Transfer or via a Bank Wire, (iii) if you have requested a distribution to be sent to an address other than the one on record, or (iv) if your distribution is to be deposited into a Non-Retirement Brokerage Account that is registered other than in your name only. Please see below for a definition of eligible Signature Guarantors.

I hereby certify that the information supplied on this Form is complete and accurate. I also certify that (i) I understand the distribution choices applicable to me, (or, if I am acting on behalf of a Beneficiary, the Beneficiary for whom this distribution is directed), and (ii) I have elected a distribution option consistent with my status (or the Beneficiary's status on whose behalf I am acting) as a Beneficiary. I hereby direct Fidelity Management Trust Company, Custodian of the IRA, (or its successor, agents, affiliates or assigns) to distribute, as set forth above, the IRA assets of which I am (or the Beneficiary on whose behalf I am acting is) a Beneficiary. I accept full responsibility for complying with IRS rules on distributions including Minimum Required Distributions due to death and I hereby indemnify the Custodian of the Premiere Select IRA and NFS and their agents, successors, affiliates and employees from any and all liability in the event that I fail to meet any applicable IRS requirements with respect to distributions from my Beneficiary Distribution Account.

I hereby certify under penalties of perjury that if I am a U.S. person (including a U.S. resident alien) the number shown at the top of this Form is my correct taxpayer identification (or Social Security) number. If I am not a U.S. person (including a U.S. resident alien), I have attached IRS Form W-8BEN with this Premiere Select IRA Distribution Request Form for Non-Spouse Beneficiary and included my U.S. taxpayer identification (or Social Security) number in order to claim tax treaty benefits, if applicable.

IRA Beneficiary Signature _____

Date (required) - -

Signature Guarantee _____

Date (required) - -



A signature guarantee may be executed by any "eligible guarantor." Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A guarantee from a Notary Public is not acceptable.

