

# SYSTEMATIC WITHDRAWAL PLAN

- Use this form to establish a Systematic Withdrawal Plan (SWP) on your account
- Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP
- The immediate use of new or updated banking instruction (within 30 days of account update) requires a medallion signature guarantee
- Requests that require a medallion signature guarantee must be submitted by mail

## 1. Account Information

Volumetric Fund	
Fund Family Name	Account Number(s)
Owner's Name	Social Security Number
Date of Birth	Telephone Number

## 2. Systematic Withdrawal Plan

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that may apply, and I may cancel upon 30 days written notice to the address listed on the bottom of this form.

**A. Amount**      \$ \_\_\_\_\_

**B. Frequency** (choose one):

- Monthly     
  Twice Monthly     
  Quarterly     
  Annually     
  Twice Annually

Start Date: Month \_\_\_\_\_ Day\* \_\_\_\_\_

Second Date (for bi-monthly options): Month \_\_\_\_\_ Day\* \_\_\_\_\_

\*If no day is specified, the distribution will be made on the 25<sup>th</sup> day of the month or the following business day if the 25<sup>th</sup> falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month. If you already have instructions on file, this will replace your existing instructions.

**C. Withdrawal Options:** (If nothing is marked the withdrawal be be processed proportionately across all funds)

- Per Model     
  Proportionately Across All Funds Owned     
  Specific Fund(s): (list below)

Fund Name and Share Class	Specify Dollar Amount
Volumetric Fund	\$
<b>Total</b>	<b>\$</b>

### 3. Tax Withholding Election

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**Federal Withholding** *Completion and execution of this form, including any federal withholding election made herein, obviates the need to complete a separate Internal Revenue Service Form W-4R. However, a copy of IRS Form W-4R with instructions is attached for your reference*

Your withholding rate is determined by the type of payment you will receive.

For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (See the attached Form W-4R for more information.)

Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals).

Withhold \_\_\_\_\_%

*If no withholding information is included, we will automatically withhold the default withholding percentage elected on your account. If you do not have a default withholding election on your account and the above information is left blank, we will automatically apply 10% default withholding to your systematic withdrawal plan.*

#### State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Name of Withholding State \_\_\_\_\_

Withhold \_\_\_\_\_%

Do Not Withhold State Income Tax

**NOTE:** State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.

#### 4. Payment Instructions

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- Mail check to address of record (if no option is selected a check will be mailed to the address of record)
- Mail check to the third-party payee and address specified below (**medallion signature suarantee is required\***)

\_\_\_\_\_  
Alternate Payee Name

\_\_\_\_\_  
Account Number (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**ACH Transfer (medallion signature guarantee is required if ACH bank information is not currently established on account\*)**

Bank Account Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Bank Telephone \_\_\_\_\_

**ACH Transfers** require a voided check attached to this form. The ACH will not be established without a voided check. No voided check is required if bank account information is already on file.

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

**PLEASE DO NOT USE A DEPOSIT TICKET**

## 5. Signature

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By signing below, I hereby certify and affirm that I have the authority and legal capacity to withdraw shares of the Fund as indicated in this form and that the information contained herein is complete and accurate as of the date hereof. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing in the Fund. I assume sole responsibility for any tax consequences that may result from the sale or withdrawal of funds pursuant to my instructions set forth herein. This SWP service may be discontinued by the Fund's transfer agent upon depletion of the account or the account holder upon 30 days written notice or by phone.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

Medallion Signature Guarantee*
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Medallion Signature Guarantee*
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\*The Medallion Signature Guarantee stamp provides proof of identity and must be issued by a member of the Medallion Program. It must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Banks, Savings Associations, Brokers, Dealers, or Credit Unions that are members of the Medallion Program can provide the needed guarantee. Please note that a Notary Public stamp is not acceptable.

**Acceptable methods of receipt include mail and fax (emails not acceptable).**

**Mail Completed Form:**

Ultimus Fund Solutions, LLC  
PO Box 541150  
Omaha, NE 68154

**Overnight Completed Form:**

Ultimus Fund Solutions, LLC  
4221 N 203rd St  
Ste 100  
Omaha, NE 68154

**Fax:**

402-493-4603