

# HSA DISTRIBUTION REQUEST FORM



Use the **HSA Distribution Request Form** for all requests for a distribution from the HSA. If you have any questions regarding this form, please call Shareholder Services at 1-800-400-MIDAS (6432).

## PART I: HSA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)

Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)*	Apartment #	City*
	State*	Zip Code*
Daytime Phone*	HSA Account/Plan Number*	

**Note:** Must be a U.S. citizen with a U.S. mailing address.

## PART II: DISTRIBUTION INFORMATION

Person/Entity Requesting Distribution:	Distribution Reason:
<input type="checkbox"/> HSA Owner	<input type="checkbox"/> Normal
<input type="checkbox"/> Authorized Signer: _____	<input type="checkbox"/> Disability
<input type="checkbox"/> Beneficiary: _____	<input type="checkbox"/> Death
Tax ID Number: : _____	<input type="checkbox"/> Prohibited Transaction
DOB: _____	<input type="checkbox"/> Transfer
Address: _____	<input type="checkbox"/> to another HSA of owner <input type="checkbox"/> to HSA of ex-spouse
Relationship to HSA Owner: <input type="checkbox"/> Spouse Beneficiary <input type="checkbox"/> Nonspouse <input type="checkbox"/> Estate	<input type="checkbox"/> Return of Excess Contribution
Year of Death: _____	In what year was the contribution made?: <input type="checkbox"/> Current <input type="checkbox"/> Prior Year
	Excess Contribution Amount: \$ _____
	Earnings Attributable to Excess: \$ _____

**PART III: DISTRIBUTION INSTRUCTIONS**

Amount:  \$ \_\_\_\_\_  Entire HSA

Frequency:  Single Distribution  Monthly  Quarterly  Semi-Annual  Annual Beginning Date: \_\_\_\_\_

Name of Investment	Withdrawal Amount or %
1. Midas Magic	\$ _____ or _____ %
2. Midas Fund	\$ _____ or _____ %

**PART IV: PAYMENT INSTRUCTIONS**

\*\* Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

**By Mail**

- Mail check(s) to the address of record
- Make check(s) payable to someone other than the account owner (Indicate payee below)\*\*

Make check payable to: \_\_\_\_\_

- Mail check to an address other than the one on the account (Provide address below)\*\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

**Send to My Bank**

Send distributions to my bank by Automated Clearing House (ACH) based on the:

- ACH instructions already established for my IRA      **OR**       Bank Account Information below \*\*

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

- Bank instructions already established for my IRA      **OR**       Bank Account Information below \*\*

**PART V: PAYMENT METHOD**

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

**Attach a voided check for your bank account.**

Account Type:  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____
_____		DOLLARS
BANK NAME BANK ADDRESS MEMO _____		

**Enter your checking or savings account information:**

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

*\*\* Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your IRA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

**PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE**

By signing this *HSA Distribution Request Form*, I certify that the information I have provided is true and correct. I understand that I am solely responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Signature of HSA Owner (or authorized signer): X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HSA Trustee/Custodian Representative: X \_\_\_\_\_ Date: \_\_\_\_\_

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
 Midas Funds  
 Box 46707  
 Cincinnati, OH 45246-0707

**Overnight Delivery**  
 Midas Funds  
 225 Pictoria Drive, Suite 450  
 Cincinnati, OH 45246

## PRIVACY POLICY

<b>FACTS</b>	<b>WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?</b>
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<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number</li> <li>▪ Account balances</li> <li>▪ Transaction or loss history</li> <li>▪ Account transactions</li> <li>▪ Retirement assets</li> <li>▪ Checking account information</li> </ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Midas share?	Can you limit this sharing?
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> – to offer our products and services to you	Yes	No
<b>For joint marketing with other nonaffiliated financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> – Information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes</b> – Information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	No	We don't share

<b>To Limit Sharing</b>	<ul style="list-style-type: none"> <li>▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or</li> <li>▪ Mail the form below</li> </ul> <p><b>Please note:</b></p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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<b>Questions?</b>	Call 1-800-400-MIDAS (6432) or go to <a href="http://www.midasfunds.com">www.midasfunds.com</a>
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<b>Mail-in Form</b>		
<p><b>Leave Blank or</b> [If you have a joint account, your choice will apply to everyone on your account unless you mark below.]</p> <p><input type="checkbox"/> Apply my choice only to me]</p>	<p>Mark if you want to limit:</p> <p><input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.</p>	
Name		<p><b>Mail to:</b> Midas Funds 11 Hanover Square, 12<sup>th</sup> Floor New York, NY 10005</p>
Address		
City, State, Zip		
Account #		

## Who we are

### Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

## What we do

### How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

### How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

### What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*