



REQUIRED MINIMUM DISTRIBUTION (RMD) FORM

This form may be used to request a Required Minimum Distribution (RMD) from your Sequoia Fund 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 Distribution Form. All other types of non-mandatory distributions may be completed with an IRA Distribution Form. Please refer to the Sequoia Fund Prospectus for additional information regarding redemptions.

Please complete all sections and mail form to the address at the end of this form.

Step 1 – Account Information (Please print.)

Name

Residential Address (If the address is not in the United States, please see Step 7.)

Primary Phone Number

Date of Birth

Note: Sequoia Fund will calculate your distribution(s) for the fund/account(s) provided. If you wish to take distributions from all of your Sequoia Fund IRAs, please list each fund/account number below.

Account Number

Percent Distribution (see Step 2 below)

Step 2 – Required Minimum Distribution

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.



Please select one of the following:

_____ I am taking my RMD from another custodian.

_____ I elect to retain my current RMD distribution method with Sequoia Fund.

_____ Based on my own RMD calculation, I authorize Sequoia Fund to distribute \$ _____*
or _____% of my account balance, per year. (If the distribution is to be
taken from multiple fund/accounts please indicate the amount/percentage for each in Step 1 above.)

_____ I authorize Sequoia Fund to calculate my RMD for me*. I wish to set up distributions based
on my age, year-end account balance, and the applicable life expectancy divisor using the Uniform
Lifetime Table.

_____ I authorize Sequoia Fund to calculate my RMD for me based upon the Joint and Last Survivor
Table*. (Your choice of beneficiary does not affect your RMD unless your sole beneficiary is your spouse
and they are more than 10 years younger than you. If this applies to your beneficiary selection, please
complete the information below.)

Spouse's Name _____ **Date of Birth** _____

Note: All selections will be one-time distributions unless you complete the Systematic Distributions option in
Step

4. If you take a one-time distribution, it is your responsibility to contact Sequoia Fund each year to request
your RMD. Sequoia Fund is not responsible for the accuracy of your calculations.

***A Signature Guarantee is required in Step 8 if you request a distribution for more than \$50,000.**

Step 3 – Method of Payment (Please select one of the following.)

_____ Send my distribution check to my address of record.*

_____ Send my distribution check to an address other than my address of record.*

Payee Name

Street Address or P.O. Box

City, State, Zip

***A Signature Guarantee is required in Step 8 if you request a distribution to be sent to an address
other than the address of record, the check is not made payable to the registered owner, or the
address of record has been changed within the last 60 days.**

_____ Invest my distribution into my existing non-retirement account with Sequoia Fund:

Account Number

Percent Distribution

_____ **TOTAL 100%**

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

Step 4 – Systematic Distributions (Please choose the date(s) and frequency of the redemptions. Complete Step 2 to determine the exact amount of the systematic distribution or if you wish for Sequoia Fund to calculate your RMD for you.)

Date of Distribution: 15th **Starting Month** _____

Frequency of Withdrawal: _____ Monthly _____ Quarterly

_____ Annually How would you like to receive your distributions? (Please select one.)

_____ By Check to my address as outlined in Step 3 _____ By ACH to my bank (See Step 5)

Note: The withdrawal program will start at least 15 days after the initial set-up.

Step 5 – Bank Instructions (Please select one of the following methods of redemption. **Please attach a pre- printed voided check below.**)*

_____ ACH (requires up to three business days, at no charge)

_____ Fed Wire (next day, for an additional charge of \$10, deducted directly from the redemption proceeds. This option is for a one-time distribution, as wires are not available for systematic withdrawals.)

ATTACH VOIDED CHECK HERE

Bank's Name

_____ Checking or Savings
Bank Routing Number

_____ Account Number
Account Registration

***A Signature Guarantee is required in Step 8 if the above bank instructions are different than the bank of record.**

Step 6 – Withholding Instructions

Distributions from IRA's and qualified retirements plans that are not eligible for rollover are subject to federal income tax withholding. Generally, such distributions are subject to 10% withholding unless you elect a different amount including no withholding. You may make a withholding by completing and signing the enclosed IRS form W-4R. If you selected systematic distributions for your RMD, your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the IRS form W-4R. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distributions payments, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal incomes taxes are withheld. 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.

_____ I elect TO NOT have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

_____ I elect TO have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding).

\$ _____ or _____ %

Step 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.

Step 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 Sequoia Fund, 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 **not** acceptable.

Account Owner's Signature and Date

Title (if acting on behalf of the Account Owner)

Affix Signature Guarantee stamp.

Name of Bank or Firm

Signature of Officer

Title

Please return the completed form to the address below:

Regular mail:

Sequoia Fund
P.O. Box 219477
Kansas City, MO 64105-1307

Overnight:

Sequoia Fund
c/o SS&C
801 Pennsylvania Ave, Ste. 219477
Kansas City, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at (800) 686-6884.