

## NON-IRA REDEMPTION FORM

Step 1 - Account Information (Please print.)

This form may be used to request a redemption from your Sequoia Fund non-retirement account. 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.

Account Owner's Name	Joint Account Owner's Name (if applicable)
Residential Address	
Daytime Phone Number	
List only the account(s) from which you woul	d like the redemption taken.
Account Number	Redemption Amount (see Step 2 below)
Step 2 - Redemption Amount (Pleas	se select one of the following.)
☐ Partial redemption \$	orshares per counts please indicate if amounts should be different in Step 1.*
☐ Full redemption per fund/account*	

\*A Medallion Signature Guarantee is required in Step 5 if you request a distribution for more than \$50,000.00.

## Step 3 – Cost Basis Accounting Method – Redemption Override Options

As part of the Energy Improvement and Extension Act of 2008, mutual fund companies will be required to provide cost basis reporting to the Internal Revenue Service (IRS) and to taxpayers on mutual fund shares and dividend reinvestment plan shares (or similar arrangements) acquired on or after *January 1, 2012* ("covered shares") and subsequently redeemed. For all shares held prior to January 1, 2012 ("noncovered shares"), the Fund does not maintain historic lot information.



The cost basis method that is currently on your account will be utilized to deplete the shares for this transaction unless you provide specific share lots or provide an alternate election method.

Use the cost basis method currently assigned to my account. Or, change to one of the following, **for this transaction only**:

	secondar	rst-Out t n Utiliza ot Ider y meth	ation ntification (	(If the share amount does not cover the depletion of the transfer, your cited method may be utilized to complete this transfer. This is only sfers.	
Date c	of Purchase	1	1	Number of Shares	
Date o	of Purchase	1	1	Number of Shares	
Date of Purchase /		1	1	Number of Shares	
all no may s maint	ncovered sh elect from b ain historic l	ares ai oth co ot info	re redeem vered and rmation fo	an Specific Lot Identification, the method you choose will not be utilized uned. If you elect Specific Lot Identification as your cost method, you dononcovered shares for your redemption request. The Fund does not noncovered shares.  t (Please select one of the following.)	ı
□			•	ck to my address of record.*	
	•			ck to an address other than my address of record, information provided be	ow:
Payee	Name				
Street	Address or P	O. Box	x		
City, S	state, Zip				
				ceeds to my bank. (In order for us to send the proceeds to your bank following methods.)	
	ACH (req	uires u	p to three	e business days, at no charge)	
	Fed Wire	(next o	lay, for an	n additional charge of \$10, deducted directly from the distribution proceeds	)

If bank instructions are not already on file, **please attach a pre-printed**, **voided check** and provide a Medallion Signature Guarantee in Step 5.) A Medallion Signature Guarantee is required in Step 5 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, or the above bank instructions are different than the bank of record.

## ATTACH VOIDED CHECK HERE

Bank's Name	
Bank Routing Number	Checking or Savings
Account Registration	Account Number
Step 5 – Authorization	
In order to complete your request, the required number of a appears on your account (if signing on behalf of the account Medallion Signature Guarantee will be required.	
A <b>Medallion Signature Guarantee</b> assures that a signature requests. A Medallion Signature Guarantee may be obtaine company, savings and loan or savings bank, or a member for notary public is <b>not</b> acceptable.	ed from an officer of a commercial bank or trust
By signing below, the owner(s) of the above referenced request specified in this form.	account(s) hereby authorizes the redemption
Account Owner's Signature and Date	Affix Medallion Signature Guarantee stamp.
Title (if acting on behalf of the Account Owner)	
Joint Account Owner's Signature and Date	
Title (if acting on behalf of the Account Owner)	
Please return the completed form to the address below:	Overnight:
Regular mail:	Sequoia Fund
Sequoia Fund P.O. Box 219477 Kansas City, MO 64121-9477	c/o SS&C GIDS, Inc. 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.