

SEI Private Trust Company

SEI Account Number:

Distribution Form (Non-IRA)

Instructions:

Complete this form for all distributions from **Non-IRA Accounts** at SEI Private Trust Company. ("SPTC"). The advisor's signature is required for check distribution and account closing requests to the name and address of record, internal transfers to an SPTC account owned by the investor, or distributions by check, wire or ACH to account(s) owned by the investor (provided a **Standing Instruction Form (Non-IRA and IRA)** has been previously submitted to, and accepted by, SPTC). All other distributions must be signed by both the investor and the advisor.

Please refer to the Guide to Asset Management for processing guidelines.

Note: Not to be used for Individual Retirement Accounts (IRA).

- For distributions by check, complete Sections 1-3, 5, 8 (if applicable) and 9.
- For distributions by wire or ACH, complete Sections 1-3, 6, 8 (if applicable) and 9.
- For liquidation and transfer to another SEI account, complete Sections 1-3, 7 and 9.

Note: Distribution requests must be received by SPTC **no later than 2:30 PM ET** to receive a same-day trade date or **no later than 1:00 ET** for accounts with a sufficient money market balance from which a same-day distribution may be made. Please refer to the Enhanced Advisory Services Operations Guide for Non-SEI processing guidelines.

Forward completed form to:

SEI Private Trust Company
Attention: Advisor Network (Service Team)
P.O. Box 1098
Oaks, PA 19456-9907
OR Fax: 610-676-1021

- New distribution
- Change to an existing distribution

1 Advisor Information

Advisor's Name

Advisor's Phone Number

2 Investor Information

Investor's Name

Investor's Taxpayer Identification Number

3 Payment Information

Please see Section 4 for distributions due to divorce.

A. Amount to withdraw from the referenced Account:

\$ _____

B. Frequency: (Select one)

Note: If Frequency section is left blank, a one time distribution will be processed.

One Time Monthly Quarterly

Semi-Annually Annual

Start Date: _____ / _____ / _____ (Month / Day / Year)

Note: If no start date is indicated, the initial distribution will occur on the second business day following the date of receipt of request; subsequent distributions will recur on that day of the month. If account is not funded as of the start date of a recurring distribution the initial distribution will default to the next scheduled date.

Account Closing: Yes **OR** No

Note: If neither option is selected and the entire balance is requested, the account will be liquidated and closed. Proceeds, minus the \$75 termination fee and any other applicable fees, will be distributed as directed on this form.

Charge Prorated Final Advisory Fee:

Yes **OR** No

Note: If an SEI Cash Access Account is associated with this account, you are also authorizing SPTC to close that account and provide any necessary information, including this form, to The Bancorp Bank in order to facilitate the closing. The Bancorp Bank will mail a check to your address on record for the remaining balance in your SEI Cash Access Account.

C. Remove the above distribution amount from:

Note: If instructions are not provided in this section, SPTC will sell proportionally across all mutual funds.

- Current Strategy
DCA/Holding Money Market (excluding CAA-SEI Money Market Assets)

Please select one of the following to establish the continuation of the Dollar Cost Averaging ("DCA"). Adjust the DCA by:

- End Date OR Dollar Amount
Pro-Rata Across SEI Funds (For Individual Mutual Fund Accounts Only)
Pro-Rata Across All Mutual Funds (For Individual Mutual Fund Accounts Only)
Fund Redemption (For Individual Mutual Fund Accounts Only)

Please provide fund number and name of mutual fund to sell to cover the distribution. If there is a sufficient balance in money market to cover the redemption, no fund need be provided.

Redeem Fund # / CUSIP #

Fund Name

D. Indicate here if you wish to pay out all cash dividends / income on a recurring basis only. (One Time not available. Dollar amount will vary depending upon dividends / interest paid). Note: Capital gains cannot be automatically paid out. Strategy Accounts: Capital gains will rebalance from your strategy money market during the next automatic rebalancing. Individual Mutual Fund Accounts: Capital gains will be invested into your money market.

E. Indicate here if you wish to transfer cash dividends / income to the DCA/Holding Money Market. (One Time not available. Dollar amount will vary depending upon dividends / interest paid). Note: Capital gains cannot be automatically paid out. Strategy Accounts: Capital gains will rebalance from your strategy money market during the next automatic rebalancing. Individual Mutual Fund Accounts: Capital gains will be invested into your money market.

F. Transfer the above dollar amount to my CAA-SEI Money Market Assets. (Available for One-Time Distributions only.) Note: Supply account number if different from above.

SEI Account Number

4 Divorce Decree

If this distribution is due to a divorce proceeding, please do not submit court paperwork. Instead provide the following information:

- 1. Amount of Distribution _____ dollar OR _____ %
2. Effective Date: _____ / _____ / _____ (Month / Day / Year)

Note: If an effective date is provided for a dollar amount market fluctuation will be taken into account. A calculation will be made to determine any earnings or losses attributable to the dollar amount that will be distributed. Also, if an effective date is provided for a percentage of the account, the percentage will be based on the market value as of the effective date. For one-time distributions only.

5 Distribution via Check

If no box is selected, a check will be sent to the name and address of record.

- Name and Address of Record (Sent via first class mail) OR
Standing Instruction on File. The payee and address information listed below is for an account owned by the investor. This information has previously been provided to, and accepted by, SPTC via the Standing Instruction Form (Non-IRA and IRA). OR
Third Party Payee Information (If the check is payable to a financial institution for the benefit of a third party, provide the third party's address in section 8 as required by the Travel Rule, a Bank Secrecy Act requirement.)

Payable to Mailing Address:

Payee

Address

City

State

Zip Code

Special Instructions:

Overnight Delivery

A \$20 fee will be deducted in addition to the amount requested in section 3. Overnight carrier cannot deliver to a Post Office Box.

- Signature required for delivery.

SEI Account Number: _____

6 Distribution via Wire or ACH

ACH Note: Please attach an unsigned voided Check for ACH distributions to checking accounts, or bank provided routing instructions for ACH distributions to savings accounts; failure to provide may result in processing delays.

For Further Credit destinations are **not accepted** on ACH transfers. ACH can only be sent to the registered account owner's bank account: checking or savings. **Funds will be directly deposited to the account specified two business days after the expected start date (Section 3B).**

A. Type of Distribution: (Select one) **Note:** If type of distribution is not selected, a wire will be sent and the account will be charged a \$20 wire fee.

Wire **OR** ACH

B. Type of Account: (Select one)

Checking **OR** Savings

Account Information:

Standing Instruction on File. The wire or ACH information listed below is for an account owned by the investor. This information has previously been provided to, and accepted by, SPTC via the **Standing Instruction Form (Non-IRA and IRA).**

ACH or Wire can not be completed unless **all** information is provided.

Bank Name

Bank City State

ABA Routing Number

Account Name (If wire distribution, provide third party recipient address in Section 8 as required by the Travel Rule, a Bank Secrecy Act requirement).

Account Number

For Further Credit Account Name (Wire only, not available for ACH) (Provide third party recipient address in Section 8 as required by the Travel Rule, a Bank Secrecy Act requirement).

For Further Credit Account Number (Wire only, not available for ACH)

Wire Fee: A \$20 fee will be deducted in addition to amount requested in Section 3A.

ACH Withdrawals: SPTC will not charge a fee.

7 Liquidation/Distribution to Another SEI Account

Liquidate and Transfer to :

SEI Account Number

Note: For Internal In-Kind Transfers, fill out the SEI Internal Asset Transfer Form.

8 Third Party Recipient Address Information

For third party wires, or checks payable to a financial institution for the benefit of a third party, provide recipient's street address, city, state, and zip code. If recipient's information is not provided, wire or check may be rejected by receiving institution.

Street Address

City State Zip Code

9 Signatures

I certify that the information I have provided is accurate and hereby authorize SEI Private Trust Company, upon receipt of this request, to initiate a distribution from my account as instructed on this form. I further agree that SEI Private Trust Company, its parent and affiliates, **will not** be liable for any loss, liability, cost, or expense for acting as directed in this request.

Investor's signature required unless check distribution to name and address of record, internal transfer to an account owned by the investor, or payee/account was previously submitted to, and accepted by, SPTC via the **Standing Instruction Form (Non-IRA and IRA).**

Investor's Signature Date

Signature of Joint Owner (If applicable) Date

By submitting this form, you are confirming that you verbally communicated with your client and confirmed the validity of this request.

Advisor's Signature (required) Date