THE HENSSLER EQUITY FUND
Lighting the Way

IRA Distribution Form

Account Information

Participant's Name:______________________________ Birth Date: ______________________

Social Security Number:______________________________ Henssler Account Number: ______________________

If the requester is a Beneficiary, please complete the following: (Complete one form per Beneficiary)

Beneficiary's Name:______________________________ Birth Date:______________________

Social Security Number:______________________________ Relationship (e.g., Spouse):______________________

Address:______________________ City:______________ State:_____ Zip Code:__________
(No P.O. Boxes)

Reason for Withdrawal

Check One:

_____Premature Distribution (Under age 59 ½)
_____Death (Please attach certified death certificate and completed IRS W-9 Form, signed by Beneficiary requesting distribution.)
_____Normal (After age 59 ½)
_____Transfer to IRA for Spouse because of divorce (Please attach certified divorce decree/court order)
_____Refund of Excess Contribution, plus earnings, for current tax year __________ Excess Amount:______________
_____Refund of Excess Contribution after tax filing due date, for tax year __________ Excess Amount:______________
_____I have reached the age of 70 ½ and must begin Required Minimum Distributions per IRS Regulations (Please proceed to Method of Distribution)
_____Other (Please specify): ______________________________ __________

Method of Distribution

Check One:

_____Required Minimum Distribution as specified by the IRS — ONE TIME ONLY
_____Single Payment — Entire account balance or 100% (will close account)
_____Annual RMD Calculation (performed each year)
_____Partial Distribution: $______________ or ______________% of account balance.
_____Periodic Withdrawal Frequency: _____Monthly _____Quarterly _____Annually
For the amount of $____________ Starting ____________20____ For a period of __________years.
(May not exceed life expectancy)

Required Distributions

(Indicate payment frequency above) If the Participant has reached or will reach age 70 ½ in the calendar year, you must complete the following election:

Please make the required distributions based upon the (Check one)

_____Single life expectancy of Participant/Beneficary as specified by the IRS
_____Joint life expectancy of Participant and designated Beneficiary, as specified by IRS tables (**ONLY** if the beneficiary is a spouse and 10 years younger than the IRA account holder.)

Name of oldest primary Beneficiary:______________________________

Beneficiary's date of birth: ______________________ Relationship: ______________________
(If you are 70 ½ or older, this beneficiary must be the same beneficiary designated at the time you turned 70 ½.)

IRS Withholding

(Substitute From W-4P.) Federal law requires that we withhold 10% of all distributions for IRA and SEP-IRA plans established at the institution unless you affirmatively elect not to have any taxes withheld. You may choose not to have this 10% withholding apply to your distribution by completing the election below. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not sufficient. Additionally, you may be subject to a penalty tax for withdrawal of funds prior to age 59 ½. **

_____Yes, please withhold __________% federal tax from my IRA distributions.
_____No, I elect to have no federal tax withheld from my IRA distributions.

**Note: If an above option is not checked, Henssler will withhold 10% of your distribution.

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Payment Instructions

Please indicate how you would like your distribution paid:

_____Transfer Distribution to Non-Retirement Henssler Equity Fund Account No.________________________________

_Mail check to: _____Address of Record

_____Other Address (will require a signature guarantee)

____

____

_ Direct Deposit (If adding new bank instruction, please provide signature guarantee.)

Bank Name:____Bank Account No.:______________________________________

City:_____________________________________State: ________Zip:____________Phone No.:_____________________________

ABA Routing/Transit No:___________________________________ ______Checking ______Savings

Authorization and Signatures

Signature guarantees are only required for the following circumstances:

Adding new bank instructions.

Issuing payment to anyone other than the shareholder on record.

Requesting a check to be mailed to an address other than the address of record.

I hereby request payment from my Individual Retirement Account or SEP-IRA as designated in the manner indicated above.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Custodian. I understand that certain types of distributions may be subject to tax and/or penalties. Also, that the IRS will impose penalties if required distributions do not begin by the required date or if the amount distributed does not satisfy the minimum required amount. I further understand that it is my responsibility for my election and any consequences that may result.

Participant/Beneficiary Signature: ____ Date: _________________________

Signature Guarantee: ____

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is authorized to do so. Signature guarantees must be made by an eligible guarantor institution such as a bank, securities broker or dealer, savings and loan association or credit union. Signature guarantees by a Notary Public or Attorney cannot be accepted.