

**DISTRIBUTION REQUEST FORM FOR YOUR
MUTUAL FUND INDIVIDUAL RETIREMENT ACCOUNT**

Matthews Asia Funds

PO Box 9791

Providence RI 02940

800 789 2742

**Please complete and return in the envelope provided
for assistance, please contact Shareholder Services.**

THIS FORM IS NOT INTENDED FOR REQUIRED MINIMUM DISTRIBUTION REQUEST

PARTICIPANT INFORMATION

NAME: _____

(Please print the name exactly as it appears on the IRA account)

If you are the beneficiary of a decedents account please see # 4 under Reason for Distribution.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____
MM DD YY

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

FUND: _____ **ACCOUNT NUMBER:** _____

SECTION I INDIVIDUAL RETIREMENT ACCOUNT (ROTH IRA's Proceed to SECTION II)

DISTRIBUTION REQUEST FOR: Traditional IRA Rollover IRA
 SEP IRA

REASON FOR DISTRIBUTION - Check the box that applies

- 1. Normal Distribution - If you are the participant and age 59 1/2 or older.
- 2. Early (premature) distribution - Participant is under age 59 1/2 and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death - If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- 5. Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Transfer Incident to Divorce or Legal Separation - Contact Shareholder Services regarding additional document requirements.
- 7. Removal of Excess - - you must complete **Section III and V** (Excess Contribution Election and Distribution) in their entirety
- 8. Other _____

*Revocation - refer to the Disclosure Statement regarding your revocation rights.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

SECTION II (A or B will apply) DISTRIBUTION REQUEST FOR ROTH IRA

A.) NON-QUALIFIED DISTRIBUTION - Participant has not met the 5-year holding requirement. Check the box that applies.

- 1. Normal Distribution - If you are the participant and age 59 1/2 or older.
- 2. Early (premature) distribution - Participant is under age 59 1/2 and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reason.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- 4. Death - If you are a beneficiary contact Shareholder Services regarding additional document requirements.
- 5. Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Transfer Incident to Divorce or Legal Separation - contact Shareholder Services regarding additional document requirements.
- 7. Removal of Excess - you must complete **Section III and V** (Excess Contribution Election and Distribution) in their entirety.
- 8. Other _____ *Revocation - refer to the Disclosure Statement regarding your revocation rights.

B.) QUALIFIED DISTRIBUTION - Check the boxes that apply

This Roth IRA distribution satisfies the 5-year holding period requirement: Yes

The distribution is made under the following reason (check one):

1. on or after I attain age 59½;
2. to a beneficiary on or after the participant's death - If you are a beneficiary contact Shareholder Services regarding documentation requirements.
3. on account of my becoming disabled within the meaning of section 72(m)(7) of the Internal Revenue Code; or

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

SECTION III

EXCESS CONTRIBUTION ELECTION

Amount of excess: \$ _____
(MUST BE COMPLETED)

Tax year for which excess contribution was made: _____
(MUST BE COMPLETED)

Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. The IRS may impose a 10% early distribution penalty on the earnings if you are under age 59½.

For the purpose of the excess contribution, we will calculate the net income attributable to that contribution (Net Income Attributable or "NIA") using the method provided by IRS *Notice 2000-39*. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

Excess contributions (plus or minus the NIA) that are distributed by your Federal income tax return due date (plus extensions) will be considered corrected, thus avoiding an excess contribution penalty.

You may be subject to an IRS penalty of 6% for each year the excess remains in the account.

A. The excess is being corrected before your Federal income tax-filing deadline (including extensions):

- Remove excess plus/minus net income attributable. -
DISTRIBUTE ACCORDING TO MY INSTRUCTIONS IN SECTION V - MAILING INSTRUCTIONS
- Remove excess plus/minus net income attributable. -
RE-DEPOSIT INTO MY RETIREMENT ACCOUNT AS A *CURRENT YEAR* CONTRIBUTION.

B. The excess is being corrected after your Federal income tax-filing deadline (including extensions).

Earnings on the excess contribution will remain in the account:

Does not apply to non-deductible contributions.

- Remove Excess -
DISTRIBUTE ACCORDING TO MY INSTRUCTIONS IN SECTION V - MAILING INSTRUCTIONS
- Remove Excess -
RE-DEPOSIT INTO MY RETIREMENT ACCOUNT AS A *CURRENT YEAR* CONTRIBUTION

C. You may be able to redesignate the excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action.

If you should decide to redesignate the excess contribution to a later year, DO NOT return this form to us.

SECTION IV**DISTRIBUTION AMOUNT****DISTRIBUTION AMOUNT - (All checks will be made payable to the registered account owner)**

- Partial Distribution Amount \$ _____ or Mutual Fund Shares _____
- Total Distribution of Account Balance
- Fixed Amount \$ _____ **Frequency:** Monthly Quarterly
 Semi-annually Annually

SECTION V**MAILING INSTRUCTIONS****All checks will be made payable to the registered account owner**

- Mail to my address currently on file.
- Mail to the following address: (*Medallion Signature Guarantee required.)

Mailing address	Check will be made payable to the registered account owner

- Mail to the following Financial Institution address: (*Medallion Signature Guarantee required.)

Check will be made payable to the registered account owner	
Financial Institution	C/O
Account Number	
Mailing address	

- Purchase funds into my existing non-retirement mutual fund account in the same fund family.

Account Number _____

Fund Name _____

- NEW ACCOUNT: attach a completed application to purchase funds into a new non-retirement mutual fund account (same fund family).

WITHHOLDING ELECTION

Generally, IRA distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Please select one of the following:

- Do not withhold Federal Income Tax
- Withhold 10% Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

Caution: 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. You also may be subject to tax penalties under the estimated tax payment ruled if your payments of estimated tax and withholding, if any, are not adequate.

SIGNATURE

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, the Fund, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Mutual Fund, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. This form may only be used for **one account**. If you have another account from which you wish to take distributions, please fill out a separate form.

X _____ Date _____
Participant's Signature (or beneficiary's signature if participant is deceased.)

Medallion Signature Guarantee - Medallion Stamp*

*(The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund as to whether a signature guarantee is required.)