

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 no	t in the United States, please see Step 7.)		
Primary Phone Number	Date of Birth		
	distribution(s) for the fund/account(s) provided. If you wish equoia Fund IRAs, please list each fund/account number		
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.



	IOTAL 100%
	TOTAL 100%
Account Number	Percent Distribution
Invest my distribution into my existing non-retirement accoun	·
*A Signature Guarantee is required in Step 8 if you request a dis other than the address of record, the check is not made payable address of record has been changed within the last 60 days.	to the registered owner, or the
City, State, Zip	
Street Address or P.O. Box	
Payee Name	
	033 0110001d.
Send my distribution check to an address other than my addr	ress of record *
Step 3 – Method of Payment (Please select one of the following Send my distribution check to my address of record.*	ing.)
Cton 2. Mathed of Downsont (Discount of the City of	
*A Signature Guarantee is required in Step 8 if you request a dis	
Step 4. If you take a one-time distribution, it is your responsibility to contac your RMD. Sequoia Fund is not responsible for the accuracy of your	
Note: All selections will be one-time distributions unless you complet	e the Systematic Distributions option in
Spouse's Name	Date of Birth
I authorize Sequoia Fund to calculate my RMD for me base Table*. (Your choice of beneficiary does not affect your RMD unless and they are more than 10 years younger than you. If this applies to younglete the information below.)	your sole beneficiary is your spouse
I authorize Sequoia Fund to calculate my RMD for me*. I von my age, year-end account balance, and the applicable life expecta Lifetime Table.	
taken from multiple fund/accounts please indicate the amount/percen	stage for each in Step 1 above.)
Based on my own RMD calculation, I authorize Sequoia Fur% of my account balance,	
I elect to retain my current RMD distribution method with S	equoia Fund.
I am taking my RMD from another custodian.	
Please select one of the following:	

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: 15 th	Starting Month	
Frequency of Withdrawal:	Monthly	Quarterly
	Annually How wou	ld you like to receive your
distributions? (Please select one.)		
By Check to my address as ou	tlined in Step 3	By ACH to my bank (See Step 5)
Note: The withdrawal program will star	rt at least 15 days after	the initial set-up.
Step 5 – Bank Instructions (Ple attach a pre- printed voided check b		ollowing methods of redemption. Please
ACH (requires up to three busi	ness days, at no charg	e)
Fed Wire (next day, for an add proceeds. This option is for a one-time withdrawals.)		leducted directly from the redemption are not available for systematic
ATTA	CH VOIDED (CHECK HERE
Bank's Name		
Bank Routing Number		Checking or Savings
Account Registration		Account Number
*A Signature Guarantee is required i	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 withhelding)

TO NOT have state inc ates that do not require		,	nt distributions (only for
TO have the following o	•	,	
\$ 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.

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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 under the provisions of the IRA plan. If I am over 73, I accept full minimum amount required. I indemnify the Custodian for Saffiliates from any and all claims the undersigned may have distribution or in the event I fail to meet the minimum distribution or in the event I fail to meet the minimum distribution. A Signature Guarantee assures that a signature is genurequests. A Signature Guarantee may be obtained from company, savings and loan or savings bank, or a menus Notarization by a notary public is not acceptable.	responsibility for withdrawing from my IRA the equoia Fund, its agents, successors and e or hereafter claim to have with respect to the oution requirements. The provided HTML responsibility for withdrawing from unauthorized man officer of a commercial bank or trust			
	Affix Signature Guarantee stamp.			
Account Owner's Signature and Date				
	Name of Bank or Firm			
Title (if acting on behalf of the Account Owner)				
	Signature of Officer Title			

Please return the completed form to the address below:

Regular mail: Overnight:

 Sequoia Fund
 Sequoia Fund

 P.O. Box 219477
 c/o SS&C

 Kansas City, MO 64121-9477
 430 W. 7th Street

430 W. 7th Street, Ste. 219477 Kansas City, MO 64105

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