

**NEW ALTERNATIVES FUND
IRA REQUIRED MINIMUM DISTRIBUTION ELECTION FORM**

P.O. BOX 9794
PROVIDENCE, RI 02940
1-800-441-6580

If you currently receive Required Minimum Distribution (RMD) payments and you **do not** want us to make any changes to your amount or payment schedule or if you have already satisfied your annual RMD you **DO NOT** need to complete or return this form.

Name: _____ Phone Number: _____
(Please print your full name as it appears on your Account)

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____
MM DD YY

Type of Account:
 Traditional IRA
 SEP-IRA
 SIMPLE-IRA

Distribution Election – (RMD amounts are calculated on the entire account balance including all of the underlying investment in your IRA)

Account Number _____

Distribute my RMD from: New Alternatives Fund

Calculation Method

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

- My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table. Beneficiary's date of birth ____/____/____
MM DD YY

Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

Distribution Type

- Current Year Distribution Only: Calculate and distribute my **current** year required minimum distribution **immediately** upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.
- Systematic Distribution: Calculate and distribute the required minimum distribution amount for **this year and all subsequent years**. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

Begin systematic distributions on: ____/____/____
MM DD YY

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

- If you are turning 70 ½ and this is your first RMD it may be distributed either in the year you turn 70½ or **by April 1st** of the following year (**this request must be received between January and April 1st**). **Please calculate and distribute my prior year deferred required minimum distribution amount immediately.** If you elect this option we will calculate and distribute your prior year required distribution amount upon receipt. **We will also calculate and distribute your current year amount and all subsequent years until such time that you notify us to discontinue the payments.**

Distribute my current and future year RMD amount by systematic distributions beginning on: ____/____/____
MM DD YY

Frequency (choose one): Monthly Quarterly Semi-Annually Annually

Note: If a frequency is not selected, your RMD will be distributed annually.

- Distribute a one time fixed amount immediately** upon receipt of this form. \$_____ (The amount must be equal to or greater than the calculated RMD amount). I understand that I am responsible for contacting the Fund to request any future year RMD amounts.

Payment Method

Based on your selected distribution method, a Medallion Signature Guarantee Stamp may be required. Please refer to your prospectus or call us at the number listed at the top of this form for specific requirements.

- Mail check to my address of record currently on file.
- Purchase funds into my existing non-retirement mutual fund account:
New Alternatives Fund Account Number _____
- Purchase funds into a **NEW** non-retirement mutual fund account (**please attach a completed application**).
- Transfer funds electronically via ACH (voided check required) (or) Mail check to:
Name of Financial Institution _____
Address _____

Routing and Account Number _____

If a payment method is not selected, your RMD will be issued as a check payable to you and mailed to your address of record. Your payout method will remain in force until we receive written notice from you requesting a change.

Withholding Election

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such 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%)

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. 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 distribution payments, or if you do not have enough federal income tax withheld from your distribution, 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.

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 the Custodian, the Sponsor, or the agent of either of them has given no tax or legal advice to me, 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, the Sponsor, 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. **I have read and understand and agree to be legally bound by the terms of 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 _____
Participant's Signature

Date ____/____/____
MM DD YY

Medallion Signature Guarantee Stamp (if required)

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 Signature Guarantee. The medallion signature guarantee stamp must include the words **SIGNATURE GUARANTEED, MEDALLION GUARANTEED**, and otherwise comply with the medallion program requirements.