MINIMUM DISTRIBUTION IRA REQUEST

Date: _____

To: _____

_____

_____

RE: Account Number _____
Mutual Fund Name _____
Client's Name _____

Dear Representative:

I request that all funds available or $_____ or _____% of the funds be liquidated and forward to the address of record.

There is to be ____% withheld for taxes from this liquidation and I will net the difference. This is part of my required minimum distribution, therefore, no CDSC should be applied.

If there are any questions with this request, please contact Pyramid Funds Corporation, my broker/dealer, at 518-459-1671. Thank you.

By x_____ x_____
 Owner's/Custodian's Signature