

IRA DISTRIBUTION FORM

DGIFUND



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This form may be used for...

- IRA Distributions to a Third Party
- IRA Distributions as part of moving funds to the beneficiaries for a deceased IRA account holder
- IRA Distributions to a bank account not already on file with your DGI Fund account
- Any IRA Distribution over \$50,000

If you are requesting a distribution via check to your address on record or electronically to your bank account already on file, please call us.

2

Be sure to include all necessary signatures on the completed forms.

3

Obtain Medallion Signature Guarantee, if required.

- Please see "Update or Add Bank Information."

4

Mail completed IRA Distribution Form to:

Mailing Address

DGI Funds
C/o Paralel Technologies
P.O. Box 2170
Denver, CO 80201

Overnight Address

DGI Funds
C/o Paralel Technologies
1700 Broadway, Suite 2100
Denver, CO 80290

If you have questions, or your situation requires something other than the standard form, please contact an Investor Service Representative at 1-855-DGI-FUND (344-3863).

IRA DISTRIBUTION FORM

DGIFUND



1. ACCOUNT HOLDER

DGI Fund Account Number

Name (Last, First, Middle Initial)

Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (P.O. Boxes Not Accepted)

City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted)

City, State, Zip Code

2. REASON FOR DISTRIBUTION

Check one:

Normal Distribution - I am over the age 59½.

Required Minimum Distribution (for Traditional IRA owners age 70½ and over and death beneficiaries):

Please calculate my minimum distribution based on my age, account balance, and the applicable life expectancy divisor using the IRS Uniform Table.

I have calculated the amount of my required distributions from all of my traditional IRAs and request a distribution of the amount listed in Section 3.

My beneficiary is my spouse who is more than ten (10) years younger than I am. Please use the Joint Life Expectancy Table to calculate my minimum distribution using our joint ages.

This is a minimum distribution due to the death of the IRA owner. I am the beneficiary and would like to take the minimum distribution amount based on the IRS Single Life Expectancy Table.

My date of birth is ___/___/_____.

Death of IRA Account Owner (for 1st time distributions a certified copy of the death certificate must be provided along with a new application or W-9)

Early Distribution - I am under age 59½. I understand the IRS 10% premature distribution penalty tax may be imposed on this payment.

Disability

Divorce or Legal Separation (a divorce certificate or qualified domestic relations order must be provided)

Removal of excess contribution plus earnings BEFORE my tax filing deadline. Date the contribution was made? _____

Removal of excess contribution plus earnings AFTER my tax filing deadline. Which tax year was the contribution made? _____

This distribution is intended to qualify as a "substantially equal payment" under Section 72(t) of the Internal Revenue Code.

Qualified first time home buyer

Qualified medical expenses

Qualified higher education expenses

Qualified Charitable Distribution (QCD)

3. DISTRIBUTION OPTIONS

Please select which DGI Fund you would like to sell to facilitate your redemption request. If you do not make a Fund selection, we will not be able to process your redemption.

The DGI Fund (Balanced - DGIFX)

The DGI Equity Fund (DGIQX)

ONE-TIME DISTRIBUTION

- a. Specific Amount: \$ _____
- b. Please calculate my required minimum distribution and send the entire amount.

SYSTEMATIC WITHDRAWAL PLAN

- a. Specific Amount: \$ _____
 - b. Please calculate my required minimum distribution and send the entire amount.
- Date & Frequency (Monthly, Quarterly, Semi-Annually, Annually)
- i. Date: _____
 - ii. Frequency: _____

4. WHO IS RECEIVING THE DISTRIBUTION (IF APPLICABLE)

MYSELF

- a. Mail a check payable to me to my address on record
- b. Send via ACH to my bank account (if no bank account on file, provide bank information below)
- c. Send by Wire to my bank account (if no bank account on file, provide bank information below)

SOMEONE ELSE*

- _____
Name of Recipient
- a. Send by Check to the following address
- _____
Address
- _____
City, State, Zip Code
- b. Send by Wire to the recipient's bank – must complete bank information section below.

* A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record.

5. WITHHOLDING ELECTION (FORM W-4R/OMB 1545-0074)

Please read the WITHHOLDING INSTRUCTIONS before making your selection below. This information is also available on the IRS website. To ensure you have the most recent version, please go to www.irs.gov/FormW4R.

FEDERAL WITHHOLDING

Your withholding rate is determined by the type of payment you will receive. For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (See the Withholding Instructions for more information.)

Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information. Enter the rate as a whole number (no decimals).

Withhold _____%

6. BANK INFORMATION

My Bank Account is Already on File

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

I would like to add bank information to this account to authorize purchase and redemptions via:

ACH transfer

Wire transfer

I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.DGIFund.com.

I would like to modify my current bank information on this account for purchases and redemptions via:

ACH

Wire transfer

Account Type: Checking Savings

Name on the Account

Bank Name

ABA Routing Number *(first 9 digits at the bottom of the check or deposit slip)*

Bank Account Number *(second set of numbers at the bottom of check or deposit slip)*

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a signature guarantee. Please see Section 8.

I authorize the DGI Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the DGI Fund will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the DGI Fund. The termination request will be effective as soon as the DGI Fund has had reasonable time to act upon it.

7. SIGN ON THE BOTTOM LINE

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I have read and understand the IRS rules and conditions applicable to withdrawals and agree to abide by those rules and conditions. No tax advice has been given to me by the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for and adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be held responsible.

IRA Owner, Beneficiary or Former Spouse

Date (MM/DD/YY)

8. SIGNATURE GUARANTEE (IF REQUIRED)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable. Most banks offer the Medallion Signature Guarantee (MSG) service to banking clients. Please contact your banking institution or one of the following types eligible MSG guarantor institutions if you need a MSG.

Eligible guarantor's: Commercial Banks
 Credit Unions
 Member Firms of a domestic stock exchange
 National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
 Savings Associations
 Trust Companies

8. SIGNATURE GUARANTEE (IF REQUIRED) (CONTINUED)

Medallion Signature Guarantee Stamp *(ID Required)*

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date *(MM/DD/YY)*

[STAMP]

WITHHOLDING INSTRUCTIONS (FORM W-4R/OMB 1545-0074)

The term IRA will be used below to mean Traditional IRA, SIMPLE IRA, and Roth IRA unless otherwise specified.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married Filing Separately		Married Filing Jointly or Qualifying Widow(er)		Head of Household	
Total income over –	Tax rate for every dollar more	Total income over –	Tax rate for every dollar more	Total income over –	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see below.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate for your withholding election. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” for your withholding election. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% for your withholding election. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are not eligible rollover distributions: (a) qualifying "hardship" distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" for your withholding election. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

SPECIFIC INSTRUCTIONS

Estate

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Withholding Election

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate for your withholding election.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate for your withholding election (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate for your withholding election. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate for your withholding election. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate for your withholding election.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" for your withholding election.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter "14" for your withholding election.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

WITHHOLDING INSTRUCTIONS (FORM W-4R/OMB 1545-0074) (CONTINUED)

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

SIGNATURES

Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this IRA withdrawal.

Please mail completed form to:

Mailing Address

DGI Funds c/o Paralel Technologies
P.O. Box 2170
Denver, CO 80201

Overnight Address

DGI Funds c/o Paralel Technologies
1700 Broadway, Suite 2100
Denver, CO 80290

If you have any questions, please contact an Investor Service Representative at 1-855-DGI-Fund (344)-(3863) or visit www.DGIFund.com.