

IRA Distribution Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Janus Henderson
INVESTORS

Use this form for a one-time distribution or to setup automatic distributions from your Janus Henderson IRA.

Questions?

Call us at **800-525-1093**

- Please print or type using black ink.
- Please complete all sections of the form unless otherwise noted.
- IRS Announcements 2014-15 and 2014-32 limit rollovers from an IRA to another (or the same) IRA to *one in any 12-month period*, regardless of the number of IRAs you own. This "One-Rollover-Per-Year" rule does not apply to IRA transfers, conversions, recharacterizations, or direct rollovers to or from a qualified plan. Please seek professional tax advice regarding questions about any IRA distributions.

Step 1 - Provide your information

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Phone Number

Social Security Number (required)

Date of Birth (required)

Step 2 - Tell us about your request. (Select one)

- ☐ One-time Distribution (proceed to Part 2A)
- ☐ Set Up Automatic Distributions (proceed to Part 2B)

Note: If you would like to do a one-time distribution and also setup an automatic distribution please complete a separate form for each request.

Part 2A - One-time distribution amount. (Select one)

- ☐ All Shares
- ☐ Specific Dollar, Share or Percentage Amount (choose allocation in Step 4)
- ☐ Calculate my Required Minimum Distribution (proceed to Step 3)

Remember to sign on the last page

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Step 2 - Continued

Part 2B - Set Up Automatic Distributions. (Select one)

- ☐ Required Minimum Distribution (proceed to Step 3)
- ☐ Automatic Distribution of \$_____

Frequency of Automatic Distribution:

- ☐ Monthly ☐ Bimonthly (every other month) ☐ Quarterly
- ☐ Semiannually ☐ Annually

Choose a start date:

____/____/____
Start Date (MM/DD/YYYY)

Note: We will process your automatic transaction on or about the 24th of the month, unless you specify another date. Start date does not apply to one-time transactions. One-time transactions will be processed at the next calculated net asset value as of the date this form is received and in good order. Unless otherwise specified, bimonthly means February, April, June, August, October and December; quarterly means March, June, September and December; semiannually means June and December; and annually means December. Unless otherwise requested automatic transactions will default to annually and begin on the next available date.

- ☐ Series of Substantially Equal Periodic Payments (call for details)

Step 3 - Required Minimum Distribution (RMD) Calculation. Complete this step **only** if you indicated in Step 2 that you are taking your RMD. For Janus Henderson to calculate your RMD, please provide the following beneficiary information:

- ☐ **Beneficiary is your spouse** (includes if your beneficiary is a trust and your spouse is the sole primary beneficiary).

Spouse's Name

Date of Birth

- ☐ **Beneficiary is not your spouse.**

Required information: Please provide us with the prior year-end value of any previous retirement accounts that were transferred or rolled over to Janus Henderson during the current year:

\$_____

Remember to sign on the last page

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Step 4 - From what fund(s) would you like to take your distribution?

- ☐ Proportionally from all funds based on their prior year-end balance (RMD's only).
- ☐ From the following funds:

Fund Name or Number	Account Number	\$ Amount, # of Shares or %
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Fund Name or Number	Account Number	\$ Amount, # of Shares or %
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Fund Name or Number	Account Number	\$ Amount, # of Shares or %
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Fund Name or Number	Account Number	\$ Amount, # of Shares or %
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Notes:

If you have elected to have Janus Henderson calculate your RMD automatically, we will update the amount each year based on the prior year-end value. If you have chosen any other RMD method besides proportionally from all funds, then each year you will need to contact a Janus Henderson Representative to have your RMD manually re-calculated. Failure to do so may result in a distribution amount different than expected. If no option is checked, we will calculate your RMD.

Step 5 - What type of distribution is this? (check one)

- ☐ **Normal Distribution** - I am age 59½ or older.
- ☐ **Premature Distribution** - I am under age 59½.
- ☐ **Premature Distribution with Exception** - I am under age 59½, however, these distributions constitute a Series of Substantially Equal Periodic Payments and are not subject to the 10% penalty tax for early distributions.
- ☐ **Disability**
- ☐ **Death** - Please call 800-525-1093 for specific distribution instructions.
- ☐ **Direct Rollover** - (complete Step 8) Used only to move an IRA into a Qualified Retirement Plan. Do not select if moving an IRA or Roth IRA into another IRA or Roth IRA.
- ☐ **Return of Excess Contribution**

Contribution Year _____

Amount of Excess \$ _____ (Janus Henderson will calculate and distribute applicable earnings on the excess amount, if any)

Remember to sign on the last page

Step 6 - Would you like to withhold income tax? (check one)

If NO option is selected, IRS regulations require federal income tax to be withheld at a rate of 10% from your distribution(s). Any applicable mandatory state income tax will also be withheld at your state's required minimum rate.

Form W-4P/OMB NO. 1545-0074

☐ I do not want any federal income tax withheld on my distribution(s).

I understand that I will be responsible for paying the income tax (if any) which may be due as a result of these distribution(s). If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

☐ Please withhold federal income tax on my distribution(s) at the rate of _____ % (10% is the minimum withholding rate).

I understand that Janus Henderson will remit any income tax which has been withheld to the Internal Revenue Service on my behalf. If required by my state, mandatory withholding for state income tax will be taken at my state's required minimum rate.

Notes:

- If no box is selected, federal income tax will be taken at a default rate of 10% along with any mandatory state income tax for Traditional, SEP & SAR-SEP IRAs; Roth IRAs will default to no withholding.
- Withholding is not an option on return of excess requests.
- Any amounts withheld cannot be reimbursed by Janus Henderson.
- If you elect not to have withholding apply to your distribution(s), or if you do not have enough federal income tax withheld from your distribution(s), 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. 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(s). Whether or not you elect to have withholding apply, you are responsible for any federal income taxes, state and local taxes, and any penalties that may apply to your distribution(s).
- This distribution(s) will be reported to the IRS and the state of your residence, if applicable, as taxable income. The address on the account registration at the time of the distribution(s) will determine the state of residence for state withholding purposes.

Step 7 - Choose where you would like your distribution sent. (check one)

A signature guarantee may be required for the following options (see the requirements in step 10).

- ☐ Send my distribution(s) to the address of record.
- ☐ Send my distribution(s) to the bank of record.

Remember to sign on the last page

Step 7 - (continued)

☐ Send my distribution(s) to my new or existing non-retirement account at Janus Henderson:

_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount
_____	_____	_____
Fund Name or Number	Existing Account Number or "New"	% or \$ Amount

☐ Send my distribution(s) to the following bank (applies only if bank is other than the current bank of record):

Please attach a *preprinted* voided item.

Need an alternative to a voided item? Please contact a Janus Henderson representative at **800-525-1093**.

This is a: ☐ Checking Account ☐ Savings Account



Bank account owner(s), if different from all Janus Henderson account owner(s), are required to sign below for this option. Additionally, the Janus Henderson account owner must have their signature guaranteed in Step 10.

X _____	_____
Signature of Bank Account Owner	Date
X _____	_____
Signature of Bank Account Owner	Date

Remember to sign on the last page

Step 7 - (continued)

- ☐ Send my distribution(s) to the following:

Name of Third Party (Custodian or Bank)

Account Number

Address

City

State

Zip Code

Step 8 - Complete this step only if this a Direct Rollover to a Qualified Plan - Signature guarantee is required (see Step 10).

Send my direct rollover to the following Qualified Plan:

Name of Financial Institution or Custodian

Address

City

State

Zip Code

Name on Account

Financial Institution or Custodian Phone Number

Qualified Plan Account Number

Type of Qualified Plan this direct rollover is going into (contact the plan administrator for any additional requirements):

☐ 401(k)

☐ 403(b)

☐ 457(b)

☐ 401(a) (Defined Benefit Plan to Purchase Service Credit)

☐ Other _____ (Do not select any IRAs or Roth IRAs)

Note: Janus Henderson does not provide any certification of any after-tax amounts.

Remember to sign on the last page

Step 9 - Please read and sign.

- I agree that the information provided is accurate. The required minimum distribution is my responsibility. Furthermore, if due to my redemption or exchange activity the systematic distribution requested herein cannot be processed, I agree to contact Janus Henderson to adjust my systematic distribution options. Janus Henderson will not be held liable for any failure to distribute. Due to the important tax consequences associated with retirement plan distributions, I have been advised to consult with a tax professional.

Note: The terms identified below will apply to any new accounts established using this form. Your signature is required to process this form and to open your new account.

- I certify that I have received and read the current prospectus of the Fund(s) in which I am investing. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I agree to read the prospectus for any Janus Henderson fund(s) into which I may request an exchange in the future. I understand that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date. Access janushenderson.com or call Janus Henderson at 800-525-1093 to obtain a prospectus.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing, online or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine. I understand it is my responsibility to review account statements and inform Janus Henderson of errors posted to my account. I understand Janus Henderson reserves the right not to correct errors not brought to the company's attention within a reasonable time period. I understand that anyone who can properly identify my account(s) may be able to make telephone transactions on my behalf.
- I authorize the Fund and its agents to issue credits to and make debits from the bank account information set forth on this form. I agree that Janus Henderson shall be fully protected in honoring any such transaction. I also agree that Janus Henderson may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Janus Henderson will price my purchase at the net asset value next determined after Janus Henderson receives good funds. All account options will become part of the terms, representations and conditions of my account.
- I authorize the Fund and its agents to establish telephone and online redemption and purchase privileges on my account. I also authorize the Fund and its agents to reinvest all income dividends and capital gains distributions in the distributing fund. I authorize the Fund and its agents to establish redemption privilege by electronic transfer to the bank account set forth on this application.
- I consent to the 'householding' delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I am required, by law, to receive. This means Janus Henderson will generally deliver a single copy of the most recent annual and semiannual reports, prospectuses, and newsletters to investors who share an address, even if the accounts are registered under different names. My participation in this program will continue indefinitely unless I contact Janus Henderson.

Remember to sign on the last page

Step 9 - (Continued)

- I acknowledge, pursuant to the Emergency Economic Stabilization Act of 2008, Janus Henderson is required to track and report cost basis information on the sale (redemption or exchange) of Covered Shares (shares purchased on or after 1/1/2012) to the Internal Revenue Service (IRS). Reporting is not required for Uncovered Shares (shares purchased before 1/1/2012). Janus Henderson utilizes Average Cost as the default method for tracking and reporting cost basis. If you wish to elect a different method for your account, please cross out this statement and include signed written instructions indicating your desired cost basis method. Alternate elections will apply only to Covered Share purchases.

Important Note: To help the government deter money laundering and terrorism funding activities, all financial institutions are now required to obtain, verify and record information that identifies each person who opens an account. So that we may comply with these requirements, we ask you to please complete this form in its entirety when opening an account with Janus Henderson. The omission of information may result in the return of your application and investment. Please note that your ability to perform transactions in your account may also be affected or otherwise delayed if Janus Henderson cannot easily verify the accuracy of the required information on this form. If, after 30 days, Janus Henderson is still unable to verify the required information, your account may be closed and your shares redeemed at the next available NAV.

Under penalty of perjury, I certify that:

1. The Social Security Number indicated on this form is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a US citizen or a US Resident Alien residing in the United States or a US Territory.
4. I am exempt from reporting per the Foreign Account Tax Compliance Act (FATCA).

Remember to sign on the last page

Step 9 - (continued)

Social Security Number _____

This information is required if you are opening a new non-retirement account.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed:
(please review Step 10 below before signing)



X

Signature of Account Owner

_____ Date

Step 10 - Do you need a signature guarantee?

A signature guarantee is required if your distribution is one or more of the following:

- Amount is over \$250,000.
- Being mailed to a name or address other than the address of record or the address of record has been on file for less than 10 days.
- Being paid to a party other than the owner of the account.
- Being paid to an account that is different than the name on the Janus Henderson IRA. Please call 800-525-1093 for specific instructions.
- Being paid to a bank account other than the bank of record or the bank of record has been on file less than 15 days.

PLACE GUARANTEE STAMP AND AUTHORIZED SIGNATURE INSIDE OF THE SPACE PROVIDED. DO NOT OVERLAP ANY PART OF THE STAMP AND/OR SIGNATURE WITH OTHER TEXT IN THE APPLICATION.

SIGNATURE GUARANTEE STAMP
(Including Medallion Guarantees)

Note: A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institutions that may guarantee signatures include banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution where you intend to obtain a signature guarantee for further information.

A notary public cannot provide a signature guarantee.

Janus Henderson Funds

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

Janus Henderson
INVESTORS

U.S. Equity

Contrarian Fund (61)
Forty Fund (46)
Growth & Income Fund (40)
Large Cap Value Fund (35)
Mid Cap Value Fund (67)
Research Fund (48)
Small Cap Value Fund (65)
Small - Mid Cap Value Fund (85)
U.S. Managed Volatility Fund (26)

Fixed Income

Absolute Return Income Opportunities Fund (90)
Developed World Bond Fund (71)
Flexible Bond Fund (49)
Global Bond Fund (80)
High-Yield Fund (57)
Multi-Sector Income Fund (89)
Short-Term Bond Fund (52)

Alternatives

Diversified Alternatives Fund (87)

Money Market

Government Money Market Fund (38)
Money Market Fund (37)*

Global/International Equity

Asia Equity Fund (83)
Dividend & Income Builder Fund (33)
Emerging Markets Fund (39)
Emerging Markets Managed Volatility Fund (32)
European Focus Fund (47)
Global Equity Income Fund (53)
Global Income Managed Volatility Fund (84)
Global Life Sciences Fund (59)
Global Real Estate Fund (31)
Global Research Fund (41)
Global Select Fund (62)
Global Technology Fund (60)
Global Value Fund (64)
International Managed Volatility Fund (30)
International Opportunities Fund (58)
International Small Cap Fund (63)
International Value Fund (88)
Overseas Fund (54)

Asset Allocation

Adaptive Global Allocation Fund (44)
Balanced Fund (51)
Global Allocation Fund - Conservative (78)
Global Allocation Fund - Growth (76)
Global Allocation Fund - Moderate (77)
Value Plus Income Fund (36)

*Positions in Money Market Fund other than those beneficially owned by natural persons may no longer be opened. If this fund is selected to open an account that is not beneficially owned by a natural person, the purchase will be deposited into Government Money Market Fund.