Reissue IRA to Individual Distribution Form

This form is being provided to formally complete your request to change the distribution payee information. Please review the information on this form, complete section A and sign your request below under section B.

Please sign and mail form to: **Nuveen Reimbursement**
c/o SS&C GIDS, Inc.
PO Box 219459
Kansas City, MO 64121-9459

A. Account Holder Information:

_____   ____/____/_____   _____
Account Holder Name (First, M.I., Last)   Date of Birth   Check Reference #

_____   _____   _____ _____
Street Address (Physical Address)   APT #   City   State   ZIP

_____   _____ - _____- _____   _____
Check # received   Social Security Number   State of Residence

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B. SIGNATURE – I understand that there is no tax withholding option available on this distribution. Depending on my state of residency, I may be subject to federal and state tax on the taxable portion of my distribution. If I have any questions regarding my tax consequences, I will consult with my financial advisor or tax professional prior to cashing this check to determine the appropriate tax treatment for my particular situation. I hereby affirm that the information given is true and correct, and authorize SS&C GIDS, Inc. to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and

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, and

3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

_____   _____   _____
Signature of Account Holder   Printed Name   Date