

# Mutual Fund and Certificate Redemption, Exchange and/or Transfer of Investment

**IDS MUTUAL FUND GROUP**  
**IDS CERTIFICATE COMPANY**  
 IDS Tower 10  
 Minneapolis, MN 55440

Non-qualified  IRA  TSA/qualified plan

Please print or type

Route to Team \_\_\_\_\_

<b>Section 1</b>	<b>Account Identification</b> (Many transactions can be done by phone)	1-800-437-3133
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Fund or Certificate Name/Issuing Company	Account Number
Client Name	<input type="checkbox"/> And or Name of Joint Tenant (Co-owner) or Beneficiary <input type="checkbox"/> For
Client Identification Number	Client Identification Number of Joint Tenant (Co-owner)

<b>Section 2</b>	<b>Redemption Instructions</b> (Must also complete 2B and/or 2C)	<b>Must return outstanding stock certificates</b>
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<b>2A. Redemption Amount from Account in Section 1</b>  \$ _____ Dollars _____ Shares _____ % Percent _____ All  <b>*See Section 3 if account is any IRA plan, Keogh or TSCA</b> <b>Redemptions from Certificate accounts:</b> <input type="checkbox"/> Redeem certificate on _____ (date) after interest is credited <input type="checkbox"/> Redeem certificate immediately <input type="checkbox"/> Redeem certificate at end of term _____ (date)  <b>Redemptions to purchase life insurance:</b> <input type="checkbox"/> Process redemption when life policy approved <input type="checkbox"/> Process redemption to life account immediately	<b>2B. Delivery Instructions</b>  <input type="checkbox"/> Send check to client(s) at address of record <input type="checkbox"/> Express mail (Fee will be redeemed from the above account.) <input type="checkbox"/> Wire proceeds to my bank: (Complete Sections 7 and 8 on page 2. Wire charge will apply to certificate redemptions.) <input type="checkbox"/> Direct deposit proceeds to my bank: (Complete Sections 7 and 8 on page 2.) <input type="checkbox"/> Make check payable to special payee and/or special address: Name _____ Street (complete mailing address) _____ City _____ State _____ Zip Code _____
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<b>2C. Exchange/Transfer Instructions</b>
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New Account Name*	OR Existing Account Number**	How Much in Each? (\$, %, Shares)	IRA Year or SEP
to:			
to:			
to:			
to:			
to:			
to:			
to:			
to:			
to:			

\*Application must be attached: (1) if purchasing a new life or annuity account or (2) if new account has a different ownership.  
 \*\*If the existing account has a different ownership or TOD designation than the account in Section 1 the amount transferred will be reregistered in the same ownership as the existing account in Section 2C.

<b>Section 3</b>	<b>Tax-Qualified Withholding Instructions</b>
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**IRA, Plans: (Including Traditional, Rollover, Roth, SEP, SRA)**  
 Distributions from these accounts are subject to optional withholding of 10% of taxable income. We are required to withhold 10% unless you complete one of the following:  
 Do Not Withhold  Withhold \_\_\_\_\_ %

**Keogh, TSA and TSCA Accounts: 20% mandatory withholding** is required on most distributions with the following two exceptions.

1. **Substantially Equal Periodic Payments (SEPP):** Made over life, life expectancy, or for a period of 10 years or more are only subject to optional 10% withholding.  
 We are required to withhold 10% unless you complete one of the following:  Do Not Withhold  Withhold \_\_\_\_\_ %  
 Attach Form 3996 SEPP Notification.

2. **Required Minimum Distribution for Keogh, TSA and TSCA Clients over 70½:** RMD is only subject to optional 10% withholding.  
 We are required to withhold 10% unless you complete one of the following:  Do Not Withhold  Withhold \_\_\_\_\_ %

<b>Section 4</b>	<b>Signatures</b>
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Taxpayer I.D. on This Account	Name (on IRS Records) Associated With This Tax Number
I (We) understand that if this account is a designated side fund, it will not be changed without specific instructions. I (We) authorize the payment of the redemption proceeds to the payee (if requested). This redemption revokes any trust or TOD designation on the shares or account being redeemed. I (We) affirm the information on this form is correct and may be included in any required reports to tax or regulatory authorities. I (We) authorize the above redemption and purchase and acknowledge receipt of a current prospectus for the product(s) named in Section 2C.	
<b>Backup Withholding</b> <input type="checkbox"/> Check this box if you have been notified by the IRS that you are currently subject to backup withholding. Do not check this box if: (a) you are exempt from backup withholding, or (b) you have not been notified by the IRS that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding. I certify under penalties of perjury as required by Form W-9 of the Internal Revenue Service, that the Social Security number is the correct taxpayer identification number and that the backup withholding information as provided in this form is correct.	
<b>X</b>	<b>X</b>
Date: _____	Date: _____

<b>Section 5</b>	<b>Dividend or Interest Instructions (Complete if creating a new account in Section 2C)</b>
<b>A. Dividend/Interest Selection</b>	<b>B. Delivery Instructions</b>
<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash <input type="checkbox"/> Split (mutual funds only)	<input type="checkbox"/> Send check to client(s) at record address. <input type="checkbox"/> Electronically transfer to client's bank — <b>complete Section 8.</b> <input type="checkbox"/> Send check to special payee name and/or address listed below. <input type="checkbox"/> Add to American Express Financial Advisors account no. _____ Attach Form 443 if appropriate.
Special Payee Name	
Street (complete mailing address) _____ City _____ State _____ Zip _____	
If dividend/interest payout is from IRA, Keogh, SEP, SRA or TSCA account(s), indicate federal withholding instructions in Section 3.	

<b>Section 6</b>	<b>Is there money systematically going into or coming out of the account in Section 1?</b>
<b>A. Type</b>	<b>B. Instructions</b>
<input type="checkbox"/> Bank Authorization: <input type="checkbox"/> Systematic Payout: <input type="checkbox"/> Ltd. Partnership Distributions:	<input type="checkbox"/> Discontinue <input type="checkbox"/> Keep on old account (Partial exchange/transfer/redemption only) <input type="checkbox"/> Apply to new account
Special Instructions	

<b>Section 7</b>	<b>Wire Transfer Authorization and/or Direct Deposit Authorization</b>
<input type="checkbox"/> This transaction only (Complete Section 8.) <input type="checkbox"/> Permanent Authorization ( <b>To select this option: The client's bank account ownership must be identical to the AEFA account ownership.</b> ) (Complete Section 8.)	
I (we) authorize the Fund, any other Fund offering the telephone redemption privilege to which I (we) may later transfer, and IDS Certificate Company, to honor any request made by telephone which appears to be authentic for wire transfer(s) or direct deposit(s) from my (our) account(s). The proceeds will be credited by wiring or direct depositing (whichever I (we) may designate at the time the transfer(s) is/are requested), directly to my (our) bank account described below. I (we) understand that a fee and a wire service charge, if any, may be assessed for each redemption. I (we) acknowledge that the records of American Express Financial Corporation will be binding upon all parties and neither the Fund nor IDS Certificate Company will be liable for any loss, damage or expenses arising in connection with any direct deposit of proceeds credited through the Automated Clearing House or any similar system to credit payments or by wire transfer to the bank described below.	

<b>Section 8</b>	<b>Bank Information</b>
Bank Account Type	<input type="checkbox"/> Checking (Attach void or canceled check below) <input type="checkbox"/> Savings or nondraft account at a credit union (complete <b>all</b> information below)
Bank Routing Transit Number	9 Digits: _____
Client's Bank Account Number	
Bank Name	
Street	
City _____ State _____ Zip _____	

**Important**

**Attach a voided check or bank letter providing the bank transit number and your bank account number.**

**Do not use a Deposit Slip.**

<b>Advisor Information</b>	Team ID (if applicable)	Servicing Advisor Signature	Advisor ID Number	Comp %	Area Office	Phone
	Team ID (if applicable)	Servicing Advisor Signature	Advisor ID Number	Comp %	Area Office	Phone