

Please mail your completed form to:  
**Parnassus Investments**  
 1 Market Street, Suite 1600  
 San Francisco, CA 94105

**Individual Retirement Account Distribution Form**

Please complete all sections of this IRA Distribution Form unless noted as optional. All distribution requests must be received by Parnassus by 4PM Eastern time in order to be processed the same business day. Distribution requests received after 4PM Eastern time will be processed the next business day. All distribution proceeds will be sent to the address on record or the pre-designated bank account on file with Parnassus. Your address or bank account must have been on file with Parnassus for at least 30 days, otherwise Parnassus requires this request to be mailed to Parnassus Investments with an original Signature Guarantee Medallion Stamp.

If you have any questions about this form, please call us at (800) 999-3505. If your request is \$50,000.00 or less, you may fax your completed and signed request to (415) 778-0228.

**1 Shareholder Information** Please Print

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security No \_\_\_\_\_ Date of Birth \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Residential Address \_\_\_\_\_  
(May not be a P.O.Box) Street City State Zip

**2 Redemption Instructions**

If this is an early distribution and you choose not to roll over the entire amount of this distribution to another qualified retirement account, taxes and penalties from the IRS may apply. Please consult with a tax advisor before requesting a distribution from an IRA.

Account number of account you would like redeemed: \_\_\_\_\_

Type of Account:  Traditional IRA  Roth IRA  SEP IRA

Federal Tax withholding: (Select One)  Please withhold \_\_\_\_\_% (10% minimum)  Do not withhold

Fund	Dollar Amount	Percentage to Redeem
<input type="checkbox"/> Parnassus Fund	\$ _____ or _____	_____ %
<input type="checkbox"/> Parnassus Equity Income Fund	\$ _____ or _____	_____ %
<input type="checkbox"/> Parnassus Mid-Cap Fund	\$ _____ or _____	_____ %
<input type="checkbox"/> Parnassus Small-Cap Fund	\$ _____ or _____	_____ %
<input type="checkbox"/> Parnassus Workplace Fund	\$ _____ or _____	_____ %
<input type="checkbox"/> Parnassus Fixed-Income Fund	\$ _____ or _____	_____ %

Indicate below the nature of your redemption: (One selection is required)

- Premature (I am under the age of 59 ½)
- Premature Exception Applies (e.g. first-time home buyer - refer to IRS publication 590)
- Regular (I am between the ages of 59 ½ and 70 ½)
- Excess Contribution: The approximate date of the excess contribution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Death: Relationship to Decedent: \_\_\_\_\_ **Important:** You must provide a certified copy of the decedent's Death Certificate. A photocopy is not acceptable. Also, please provide a completed IRA Account Application for each beneficiary.
- Disability. **Important:** You must attach a letter from your physician verifying the disability and dated within the past twelve months.
- Mandatory (I am 70 ½ or older)
- I am converting my IRA account to my existing Roth IRA account # \_\_\_\_\_.

- Mail check to the address on record.
- Deposit via ACH to pre-designated bank account on record (takes 1-3 business days).

Please sign and date this IRA distribution request. If you opened your account online and have not provided Parnassus Investments with your completed signature form, please have your signature accompanied with a Signature Guarantee Medallion Stamp. We require an original Signature Guarantee Medallion Stamp and will not accept a fax copy. You may have your signature guaranteed by a commercial bank, savings bank, credit union, a trust company or a member of a national securities exchange. An acceptable signature must contain the words "signature guaranteed" and the institution's name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date