



Beneficiary Payout Form for IRA Assets

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Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form. For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan Street, FL3
Milwaukee, WI 53202-5207

1. Deceased Shareholder Account Information

NAME (AS IT APPEARS ON ACCOUNT) _____ XXX-XX- _____
SOCIAL SECURITY/TAX I.D. NUMBER

DATE OF BIRTH (MM/DD/YYYY) _____ DATE OF DEATH (MM/DD/YYYY) _____ STATE OF RESIDENCE _____

Please indicate all accounts:

FUND NAME _____ ACCOUNT NUMBER _____

FUND NAME _____ ACCOUNT NUMBER _____

FUND NAME _____ ACCOUNT NUMBER _____

2. Beneficiary Information

NAME OF BENEFICIARY/TRUST/ESTATE _____ SOCIAL SECURITY/TAX I.D. NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____

STREET ADDRESS _____ PHONE NUMBER _____

CITY/STATE/ZIP CODE _____

3. Distribution Options

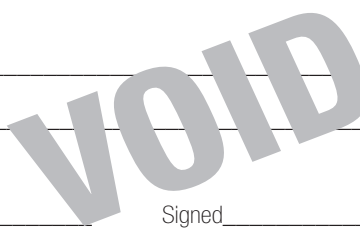
Please select one of the following distribution options and proceed to Section 4 to select a payout method.

- Option 1** - Lump sum distribution
- Option 2** - Distributions over your life expectancy (If a non-spouse beneficiary - non recalculated. If a spouse beneficiary - recalculated.)
Distributions must begin by December 31 of the year following the account owner's date of death.
Payments must continue until the account(s) reaches a zero balance.
A completed and signed IRA Application is required.
- Option 3** - Distributions over a 5 year period
Only available for a Roth IRA or if the account owner passed away prior to their required beginning date.*
The account(s) must be at a zero balance by December 31 of the fifth year following the account owner's date of death.
A completed and signed IRA Application is required.
- Option 4** - Surviving Spouse Only - Transfer to an IRA in your name
Existing IRA number _____

If you do not have an existing IRA, a completed and signed IRA Application is required.

6. Bank Information (optional)

- Add bank information - Please attach a pre-printed voided check or pre-printed deposit slip if you selected to receive your distribution(s) via wire or ACH in Section 4.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
	
⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆	

Account Type:

- Checking
- Savings

We are unable to credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

7. Tax Withholding Election

Federal taxes will automatically be withheld from distributions at a rate of 10%, unless you check one of the boxes below (state withholding may apply).

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold _____% (minimum 10%) from my distribution(s) (state withholding may also apply).

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.

- Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.

8. Required Minimum Distribution (RMD)

If the deceased account owner was over the age of 70 1/2 and had elected to have their annual RMD paid out on a systematic basis, any remaining RMD payments scheduled for the year of their passing will be paid out from the Inherited IRA as a death distribution. This applies to all beneficiary types. If the RMD was not being paid out on a systematic basis, please select the appropriate box below (does not apply to Roth IRAs).

- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution.
- Do not pay out the deceased account owner's final RMD from the account(s) as a separate death distribution.

If an RMD option is not selected above and a systematic plan does not exist, U.S. Bancorp Fund Services, LLC will not pay out the deceased account owner's final RMD. If the RMD is missed or not taken for any year, for any reason, the Internal Revenue Service will impose a 50% penalty over and above the amount that should have been distributed.

9. Signature

I have received and understand the Prospectus for Permanent Portfolio Family of Funds, a Delaware statutory trust ("Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus relating to investments in the Fund. I understand and agree that I have no rights, privileges, claims or remedies under any contract or agreement entered into by the Fund with the custodian, transfer agent, other service provider, agent or contractor, including without limitation, third party beneficiary rights. These contractual arrangements are not intended to, nor do they, create in any individual shareholder or group of shareholders any right, either directly or on behalf of the Fund, to either: (a) enforce such contracts against the service providers; or (b) seek any remedy under such contracts against the service providers. The Prospectus provides information concerning the Fund that I should consider in determining whether to purchase Fund shares. I understand and agree that neither the Prospectus, statement of additional information, nor this account application is intended, or should be read, to be or give rise to an agreement or contract between me and the Fund, or to give rise to any rights in any shareholder or other person other than any rights under federal or state law that may not be waived. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account(s) listed in Section 1. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisor, and U.S. Bancorp Fund Services, LLC, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or 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). Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report all interest and dividends.

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Please select the appropriate box to confirm your relationship to the account.

Beneficiary Executor/Personal Representative/Administrator of the Estate Trustee of the Trust
 Other _____

X _____
SIGNATURE* DATE SIGNED (MM/DD/YYYY)

Beneficiary Executor/Personal Representative/Administrator of the Estate Trustee of the Trust
 Other _____

SIGNATURE* DATE SIGNED (MM/DD/YYYY)

MEDALLION SIGNATURE GUARANTEE DATE SIGNED (MM/DD/YYYY)

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

***All signatures must be Medallion Signature Guaranteed.** A Medallion Signature Guarantee can be obtained from a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**