



Please return this application to:
Causeway Emerging Markets Fund
P.O. Box 219085
Kansas City, MO 64121-7159

IRA Distribution Election Form – Causeway Emerging Markets Fund

For Assistance Call: 1-866-947-7000

GENERAL INFORMATION

This form should be used to request periodic withdrawals from your IRA or SEP-IRA, including minimum distributions required at age 70 1/2 or dividend distributions. Please complete all sections and mail form to:

Causeway Emerging Markets Fund
P.O. Box 219085
Kansas City, MO 64121-7159

If you have any questions, please call 1-866-947-7000.

Please print clearly or type all items except signature.

1 IRA REGISTRATION

NAME: FIRST MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER DAYTIME TELEPHONE

DATE OF BIRTH

2 TYPE OF DISTRIBUTION

- 1. Normal distribution
I am between ages 59 1/2 and 70 1/2, or
I am 70 1/2 and older
Disability: I am under age 59 1/2 and disabled.
Death: Attach a certified copy of the death certificate and complete the following.
Date of Death:
Beneficiary Information (Each Beneficiary must complete a separate form).
I am a (check one):
Beneficiary
Legal Representative (attach court appointment)

BENEFICIARY NAME FIRST, MIDDLE, LAST OR ESTATE

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER DATE OF BIRTH

Premature distribution. I understand that if I am under age 59 1/2 and taking a premature distribution, I will generally be subject to an IRS-assessed penalty tax on my distribution in addition to ordinary income taxes.

3 ACCOUNT INFORMATION

List only the account(s) from which you would like the distributions taken. This is not to be completed if you are requesting dividend distributions under Section 5.

Table with 3 columns: Fund Name, Account Number, Percent of Distribution. Includes a Total 100% row.

4 WITHHOLDING INSTRUCTIONS

The law requires that federal income tax be withheld from your IRA distributions at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld.

- I elect to have taxes withheld from my IRA distribution (10% withholding; not available on dividend distributions.)
I elect not to have federal tax withheld from my distributions. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rule if my withholding and tax payments are not sufficient.

(over please)

5 METHOD OF DISTRIBUTION

Select only ONE method of distribution.

A. Dividend Distributions (choose one):

Income Dividends Only

Income and Capital Gains Dividends

This option is available **only** if you are 59½ or older.

B. Fixed amount of \$ _____.

C. Systematic Distributions (Liquidations for systematic distribution will be made on the 5th of the month. Allow 30 days to establish.)

Select the frequency and method of calculation for systematic distributions.

1. Frequency of payments (choose one):

Monthly

Quarterly _____ (month)

Annually _____ (month)

2. Method of Calculation. If you are age 70½ or older, the calculation of minimum distributions will be based on the total value of all your IRA accounts. However, the distributions will only be made from the accounts you have listed in Section 3 above. (Choose one of the three options.)

a. Single life expectancy

b. Joint life expectancy with Beneficiary. My Beneficiary is my (check one): Spouse Non-spouse

Beneficiary Information. The beneficiaries listed here must be the primary beneficiary(ies) on your current account registration. To change your current designated beneficiary, a request must be received in writing. If you have more than one primary beneficiary, the birth date of the oldest beneficiary will be used for life expectancy calculations.

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

c. Fixed period of _____ years (may not exceed life expectancy)

6 METHOD OF PAYMENT

Send my distribution checks to my address of record.

Send my distribution checks to an address other than my address of record.*

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Invest my distributions into my existing non-retirement Causeway Emerging Markets Fund account(s). (If joint account(s), the joint tenant must be your spouse.)

Fund Name	Account Number	Percent of Distribution

Total 100%

Deposit my distribution checks directly into my checking account via ACH. In order for us to make ACH deposits into your checking account, **you must attach a voided check or pre-encoded deposit slip.**

BANK'S NAME _____ ACCOUNT NUMBER _____

7 AUTHORIZATION

The Participant/Beneficiary hereby authorizes the distributions from the IRA to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. If I am over 70½, I accept full responsibility for withdrawing from my IRA the minimum amount required. I indemnify the Custodian for Causeway Emerging Markets IRA, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

PARTICIPANT/BENEFICIARY SIGNATURE _____ DATE _____

Signature Guaranteed By*:

NAME OF BANK OR FIRM _____

SIGNATURE OF OFFICER _____ TITLE _____

(Place Stamp Here)

* A signature guarantee is required if 1) you request a distribution to be sent to an address other than the address of record, 2) the check is not made payable to registered owner, 3) a new checking account is being used for your proceeds.