

# RECHARACTERIZATION REQUEST FORM - (INTERNAL) BETWEEN AQUILA GROUP OF FUNDS INDIVIDUAL RETIREMENT ACCOUNTS

Complete when recharacterizing a Traditional or Roth IRA contribution or to recharacterize a Roth IRA conversion contribution within Aquila Group of Funds.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## RECHARACTERIZATION INSTRUCTIONS

Use this form to recharacterize a Traditional or Roth Individual Retirement Account ("IRA") contribution or conversion contribution between Aquila Group of Funds IRAs. If you do not have an existing Traditional IRA or Roth IRA to invest the recharacterized proceeds, you must complete a Traditional or Roth IRA Application and Adoption Agreement ("Application").

All or part of a contribution (including a conversion contribution) you make to your IRA, along with allocable earnings or losses, may be recharacterized and treated as if made to another IRA. For the purpose of the recharacterization, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the contribution. Recharacterization of a contribution is irrevocable and must be completed on or before the due date, including extensions, for filing your federal income tax return for the tax year for which the contribution was originally made.

A recharacterized contribution is reported as a distribution from the first IRA (reported on IRS Form 1099-R) and a recharacterization contribution to the second IRA (reported on IRS Form 5498) for the tax year in which the recharacterization occurs. The rules regarding recharacterization are complex and you should consult a professional tax advisor prior to any recharacterization. Please refer to IRS Publication 590 for more information.

This form is not intended to facilitate Roth IRA conversions.

## TRANSACTION TYPE - Select one of the following: (A, B or C)

- A.  Recharacterize my **Roth IRA conversion contribution** (plus allocable earnings) **back to a Traditional IRA.**

**Note:** You cannot convert, recharacterize the conversion, and then reconvert back to a Roth IRA during the same tax year or, if crossing tax years, during the thirty-day period following a recharacterization. If you reconvert during either of these periods, it will be a failed conversion. See Publication 590 for additional information.

Date of Conversion: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

- B.  Recharacterize my **annual contribution** (plus allocable earnings) **from my Traditional IRA to a Roth IRA.**

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Traditional IRA Account Number: \_\_\_\_\_

To: Roth IRA Account Number: \_\_\_\_\_ or  Application attached

- C.  Recharacterize my **annual contribution** (plus allocable earnings) **from my Roth IRA to a Traditional IRA.**

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

Continued on next page.

**RECHARACTERIZATION REQUEST FORM - (INTERNAL) continued**

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**DISTRIBUTE RECHARACTERIZED AMOUNTS FROM THE FOLLOWING FUNDS:**

From: Fund Name: \_\_\_\_\_ %  
From: Fund Name: \_\_\_\_\_ %  
From: Fund Name: \_\_\_\_\_ %  
Must equal 100%

**REINVEST RECHARACTERIZED PROCEEDS INTO THE FOLLOWING FUNDS:**

To: Fund Name: \_\_\_\_\_ %  
To: Fund Name: \_\_\_\_\_ %  
To: Fund Name: \_\_\_\_\_ %  
Must equal 100%

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**CERTIFICATION AND SIGNATURE**

I authorize Aquila Group of Funds and the Custodian to process this recharacterization request. I certify that I am the Participant authorized to make this election and that all information provided on this form is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Aquila Group of Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election and agree that the Custodian, Aquila Group of Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

**I have read and understand and agree to be legally bound by the terms of this form.**

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to the following:**

**First Class Mail:**  
Aquila Group of Funds  
P.O. Box 9823  
Providence, RI 02940-9865

**Overnight Mail:**  
Aquila Group of Funds  
4400 Computer Drive  
Westborough, MA 01581  
1-800-437-1000