

IRA Distribution Request

INSTRUCTIONS

This form is used to request a distribution from your IRA or other pension or profit sharing plan. This form is NOT to be used when requesting a transfer to another qualified plan or IRA. Be sure to complete ALL sections to ensure timely processing of your transactions.

Please Note:

- You may be required to obtain a Medallion Guarantee to process this distribution. Please see the prospectus.

Please mail completed form to one of the following addresses:

<p>Direct Mail: ICON Funds P.O. Box 55452 Boston, MA 02205-8165</p>	<p>Overnight Express Mail: ICON Funds 30 Dan Road Canton, MA 02021-2809</p>
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For help with this form, or for Fund information, prices and literature, call **1-800-764-0442**.

We recommend that you consult your tax adviser regarding the particular tax consequences of any investment option.

Consider the investment objectives, risks, charges, expenses, and share classes of each ICON Fund carefully before investing. The prospectus, the statement of additional information and the Disclosure Agreement contains this and other important information about the Funds and your account. Please read the prospectus, the statement of additional information and the Disclosure Agreement carefully before investing.

1 INVESTOR INFORMATION

FUND NAME

ACCOUNT NUMBER

NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

ADDRESS APT/SUITE

CITY/STATE/ZIP

DAYTIME PHONE NUMBER

2 DISTRIBUTION ELECTION

- Normal Distribution**
 Participant is over age 59½ (distribution must begin by April 1st of the year following the attainment of the age 70½). Normal distributions from your IRA account after age 59½ may utilize any of the distribution methods outlined in the Method of Distribution (Section 3). Using the life expectancy distribution (Section 4), recalculating your payout annually may result in minimum taxes and income stretched out over a longer period of time. Your distribution can be paid as a one-time distribution or through a Systematic Withdrawal Plan (SWP) based on the "Method of Distribution" you select in Section 3.
- Premature Distribution**
 Participant is under 59½ years of age and acknowledges tax consequences and penalties of a premature distribution. Premature distributions (those under the age 59½, not resulting from death, disability, or rollover) cannot use the systematic withdrawal payout plan. An exception does exist where an IRA planholder elects to have his/her IRA paid out in installments over the life expectancy or joint life expectancy of the planholder and his/her beneficiary and is under age 59½ (Section 4). You should consult your tax adviser and/or understand the IRA payout regulations before age 59½.
- Rollover Distribution**
 Participant will be investing proceeds into another qualified plan within 60 days. (Check payable to shareholder only.) Distribution will be coded premature or normal depending on age.
- Disability Distribution**
 Participant is unable to engage in any substantial gainful activity, and the condition is to be of long, continued, and indefinite duration. Proof of disability must be supplied with this form.
- Excess Contribution**
 Remove excess contribution \$_____ made for _____ tax year. Interest/dividend earned on this excess contribution will also be removed if processed before the tax-filing deadline. Redesignation requires you to file IRS Form 5329 along with your federal income tax filing. **Please check one:**
 - Issue check to IRA account owner or plan participant
 - Remove excess monies in account and reapply as a current year contribution.
- Distribution Due to Death** You are required to submit a: Letter of Instruction (*Medallion Guarantee required; the letter must state the date of death and be signed in capacity.*)

3 METHOD OF DISTRIBUTION

Please do not complete this section if choosing the Life Expectancy Distribution Method in Section 5.

I hereby direct the Custodian to make the following distribution:

- Total Distribution/Account Liquidation**
Your annual maintenance fee will be deducted if it has not been prepaid.
- Partial Distribution** Amount \$ _____
- Systematic Withdrawal Payments (Complete Section 6)**
- Calculate the required minimum distribution amount for the current year only and **DO NOT** set up an annual systematic distribution.
- Mail check to Address of Record (check one):**
 - Regular Mail FedEx for \$13 fee
- Mail check to address other than Address of Record (check one; Medallion Guarantee required):**
 - Regular Mail FedEx for \$13 fee

- ACH to Bank of Record (no fee)**
- Wire to Bank of Record (\$15 wire fee; your bank may also charge a fee for processing)**
- To the following bank (Medallion Guarantee required; your bank may also charge a processing fee):**
 - ACH Wire (\$15 fee)

4 TAX WITHHOLDING INFORMATION

Election: Unless you indicate a different withholding amount, or you waive withholding by indicating your election below, 10% will be withheld from your IRA distribution.

- Do **NOT** withhold Federal income tax from my distribution.
- Withhold _____ % (at least 10%) Federal income tax.
(We do not withhold state or local tax.)

5 LIFE EXPECTANCY DISTRIBUTION METHOD

May be used only if account holder's spouse is more than 10 years younger than the account holder and spouse is the sole beneficiary. Payments based on the joint life expectancy of account holder and spouse from appropriate IRA annuity tables and distributed as indicated.

Specify Frequency of Payments

- Redeem annual distribution amount at one time in _____ (month) each year.
- Redeem annual distribution amount in a series of transactions according to the frequency checked below:
 - Monthly Quarterly Semi-AnnuallyRedemptions will be made on or about the 20th of the month.

Start month: _____

Form must be received at least one week prior to the first day of the month when distributions are to begin.

Tax Withholding: Do not withhold Withhold _____%

5 LIFE EXPECTANCY DISTRIBUTION METHOD (CONT.)

DESIGNATED BENEFICIARY (Oldest Designated Primary Beneficiary)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

RELATIONSHIP _____

- I have calculated the amount of my required distribution from all of my IRAs and request a distribution of \$ _____ or _____% per year.
- Calculate the required minimum distribution amount for the current year and in future years until this account is depleted.

I WOULD LIKE TO RECEIVE DISTRIBUTIONS AS FOLLOWS:

- Based upon my life expectancy.
- Based upon the joint life expectancy of myself and my designated beneficiary.
- Based upon _____ years (number of years may not exceed the joint life expectancy of you and your designated beneficiary.)
- Do not recalculate life expectancy yearly (only applicable if life expectancy is based on your life or on joint life expectancy with your spouse as beneficiary.)
- Calculate based on Uniform Distribution Period method.

If your distributions are to be calculated based on life expectancy and if you transferred or rolled over your IRA from another retirement plan during the current calendar year, please provide the preceding year's ending balance.

NAME OF FUND _____

ACCOUNT BALANCE _____

ACCOUNT NUMBER _____

6 SYSTEMATIC WITHDRAWAL PLAN

A minimum balance of \$5,000 per Fund/per class is required to establish a Systematic Withdrawal Plan. I would like to withdraw \$ _____ from the _____ as follows (choose one):

- I would like to have payments made to me on or about the _____ day of each month, or
- I would like to have payments made to me on or about the _____ day quarterly
- I would like to have payments automatically deposited to my bank account. Complete bank account information below and attach a voided check. (A check will be mailed to the address in Section 1 if this box is not checked. A Medallion Guarantee is required to add or change this information.)

NAME(S) ON BANK ACCOUNT

BANK NAME

ACCOUNT NUMBER

BANK ADDRESS

BANK ROUTING/ABA NUMBER

Attach a voided check from your bank account here.

7 SIGNATURE

I hereby agree to indemnify and hold ICON Funds and its agents harmless for acting upon instructions, either oral or in writing, pursuant to this form.

- Investor:** Sign form exactly as name appears in account registration.
- Beneficiary:** Sign exactly as name appears in account beneficiary file.
- Executor:** Sign in capacity as name appears in Letters Testamentary.

PRINT NAME

X

SIGNATURE

DATE

**NOTE: Your signature must be Medallion Guaranteed if the redemption exceeds \$50,000; payee or mailing address differs from that of record (this included if the proceeds are to be sent to a bank account via wire); Beneficiary or Executor is signing; Investor is deceased; proceeds are made payable to someone other than the account holder or the shareholder has recently changed address of record. A Medallion Guarantee may be executed by an "eligible" guarantor. Eligible guarantors include commercial banks, trust companies, savings associations, and credit unions as defined by the Federal Deposit Insurance Act. Registered Broker-Dealers are also eligible. The Guarantee must state the words "Medallion Guarantee" along with the name of the granting institution, applied by an ink stamp before execution by the eligible guarantor. Verify with the institution that it is an eligible guarantor prior to signing the form.*

A notarization by a notary public is not acceptable.

PRINT NAME OF MEDALLION GUARANTOR

X

SIGNATURE AND TITLE (OFFICER OF GUARANTOR INSTITUTION)

DATE

Affix Medallion Guarantee Stamp: