



Eaton Vance Mutual Funds

Return to: PFPC Inc., Eaton Vance Group, P.O. Box 9653, Providence, RI 02940-9653
Overnight Mail: 101 Sabin Street, Pawtucket, RI 02860

For assistance, please call (800)426-2308

Mutual Fund Individual Retirement Account Distribution Request Form

THIS FORM IS NOT INTENDED FOR REQUIRED MINIMUM DISTRIBUTION REQUESTS OR TRANSFER OF ASSETS

1 PARTICIPANT INFORMATION

First Name	Middle Initial	Last Name
Social Security #	Date of Birth mm / dd / yyyy	
Street Address	City	State
		Zip Code
Fund	Account Number	

2 INDIVIDUAL RETIREMENT ACCOUNT (Roth IRAs Proceed to Section 3)

DISTRIBUTION REQUEST

- Traditional IRA
- Rollover IRA
- SEP IRA
- SIMPLE IRA – If you have not participated in the SIMPLE for 2 years and are under 59½

REASON FOR DISTRIBUTION Check the box that applies.

- 1. Normal Distribution – If you are the participant and are age 59½ or older
- 2. Early (Premature) Distribution – Participant is under age 59½ and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses, or other reason.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code
- 4. Death – If you are the beneficiary, contact Shareholder Services regarding additional documentation requirements.
- 5. Permanent Disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Divorce or Legal Separation – Contact Shareholder Services regarding additional documentation requirements.
- 7. Removal of Excess – You must complete Section 4 and 6 (Excess Contribution Election and Mailing Instructions) in their entirety.
- 8. Other _____

*Revocation – refer to the Disclosure Statement regarding your revocation rights.

This form is not intended for transfer of assets and direct rollover requests. Please contact the accepting custodian for required forms.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

3 DISTRIBUTION REQUEST FOR ROTH IRA (Please complete section A or B)

A.) NON-QUALIFIED DISTRIBUTION Participant has not met the 5-year holding requirement. Check the box that applies.

- 1. Normal Distribution – If you are the participant and age 59½ or older
- 2. Early (Premature) Distribution – Participant is under age 59½ and the distribution is due to medical expenses, health insurance premiums, higher education expenses, first time home buyer expenses, or other reason.
- 3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code
- 4. Death – If you are the beneficiary, contact Shareholder Services regarding additional documentation requirements.
- 5. Permanent Disability – You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Divorce or Legal Separation – Contact Shareholder Services regarding additional documentation requirements.
- 7. Removal of Excess – You must complete Section 4 and 6 (Excess Contribution Election and Mailing Instructions) in their entirety.
- 8. Other _____

*Revocation – refer to the Disclosure Statement regarding your revocation rights.

This form is not intended for transfer of assets and direct rollover requests. Please contact the accepting custodian for required forms.

3 DISTRIBUTION REQUEST FOR ROTH IRA (Continued)

B.) QUALIFIED DISTRIBUTION Check the box that applies.

This Roth IRA distribution satisfies the 5-year holding period requirement: Yes

The distribution is made for the following reason (check one):

- 1. I attained age 59½;
- 2. I am a beneficiary of a deceased participant. (Please contact Shareholder Services regarding additional documentation requirements);
- 3. I certify that I am disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner, beneficiary or spouse.

4 EXCESS CONTRIBUTION ELECTION

Amount of excess: \$ _____ Tax year for which excess contribution was made: _____
(MUST BE COMPLETED) (MUST BE COMPLETED)

Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. The IRS may impose a 10% early distribution penalty on the earnings if you are under age 59½.

For the purpose of the excess contribution, we will calculate the net income attributable to that contribution (Net Income Attributable or "NIA") using the method provided by IRS Notice 2000-39. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

Excess contributions (plus or minus the NIA) that are distributed by your Federal income tax return due date (plus extensions) will be considered corrected, thus avoiding an excess contribution penalty.

You may be subject to an IRS penalty of 6% for each year the excess remains in the account.

A. The excess is being corrected before your Federal income tax-filing deadline (including extensions).

Remove excess plus/minus net income attributable:

- Distribute according to my instructions in section 6 – Mailing Instructions
- Re-deposit into my retirement account as a *current year* contribution

B. The excess is being corrected after your Federal income tax-filing deadline (including extensions).

Earnings on the excess contribution will remain in the account. Does not apply to non-deductible contributions.

Remove Excess:

- Distribute according to my instructions in section 6 – Mailing Instructions
- Re-deposit into my retirement account as a *current year* contribution

C. You may be able to redesignate the excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action.

If you should decide to redesignate the excess contribution to a later year, DO NOT return this form to us.

5 DISTRIBUTION AMOUNT

All checks will be made payable to the registered account owner. Please select one of the options below:

- Partial Distribution Amount \$ _____ or Mutual Fund Shares _____
- Total Distribution of Account Balance
- Dividends*
- Dividends and Capital Gains*
- Periodic Amount \$ _____ Frequency: Monthly Quarterly
 Semi-annually Annually

*By selecting either of these options, all future dividends and/or capital gains will be distributed in cash.

Start date: _____
mm / dd / yyyy

Notes: Periodic distributions will continue until instructed otherwise. This service is not available for monthly frequency for Eaton Vance Prime Rate Reserves, Eaton Vance Classic Senior Floating-Rate Fund or Eaton Vance Advisers Senior Floating-Rate Fund, which make quarterly repurchase offers.

6 MAILING INSTRUCTIONS

A Medallion Signature Guarantee is required if the check is mailed to an address other than the account's registered address. All checks will be made payable to the registered account owner (or designated beneficiary.)

Mail To:	C/O	Institution Name (if applicable)	Account # (if applicable)
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Street Address	City	State	Zip Code
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Electronic Transfer (Please allow 15 days for set-up) Wire (choosing this option may result in a fee from your bank)

Bank Name	Routing/ABA#	Bank Account Number
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City	State	Zip Code
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Purchase funds into my existing non-retirement mutual fund account with Eaton Vance*.

Account Number _____ Fund Name _____

Purchase funds into my new non-retirement mutual fund account with Eaton Vance. Attach a completed New Account Application*.

* This option is not available if you selected 'Dividends' or 'Dividend and Capital gains' in Section 5, Distribution Amount.

7 AUTHORIZATION AND CERTIFICATION

WITHHOLDING ELECTION

Generally, IRA distributions are subject to 10% withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Please select one of the following:

Withhold 10% Federal Income Tax Do not withhold Federal Income Tax

Withhold _____% Federal Income Tax (must be greater than 10%)

Caution: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment ruled if your payments of estimated tax and withholding, if any, are not adequate.

8 SIGNATURES

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian (PFPC Trust Co.), Eaton Vance, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. 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(s) and agree that the Custodian, Eaton Vance, 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. This form may only be used for one account. If you have another account from which you wish to take distributions, please fill out a separate form.**

X _____ Date _____
Participant's Signature (or beneficiary's signature if participant is deceased.)

Medallion Signature Guarantee - Medallion Stamp*

* (The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund as to whether a signature guarantee is required.)

If you have any questions about this form, please call 1-800-426-2308
between 8:30 a.m. and 7:00 p.m. Eastern Time.
Visit our website at www.eatonvance.com

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