



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

Individual Retirement Account Required Minimum Distribution Request Form

Before making any decision regarding your RMD, we urge you to consult your tax advisor or tax attorney.

1 PARTICIPANT INFORMATION (Please print the name exactly as it appears on the IRA account.)

First Name		Middle Initial	Last Name
Social Security #		Date of Birth	
Street Address	City	State	Zip Code
Fund		Account Number	
Account Type:			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> SIMPLE IRA

2 CALCULATION METHOD

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590, Individual Retirement Arrangements (IRAs), which incorporate updated Life Expectancy Tables. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

- My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary Date of Birth (required for this option): ____/____/____

3 DISTRIBUTION METHOD

Your first RMD must be distributed either in the year you turn 70½ or before April 1st of the following year.

A. Please select one of the options below:

- I turned 70½ last year and this is my first RMD (Please fill out Section B). Please distribute my prior year deferred RMD immediately. **This request must be received by April 1st for the prior year's election.**
- I turned 70½ last year. Please distribute both my prior year and my current year RMD amounts (Please fill out Sections B and C). **Periodic distributions in Section C will continue for all subsequent years until otherwise instructed.**
- Please distribute my current year RMD amount (Please fill out Section C). **Periodic distributions selected in Section C will continue for all subsequent years until otherwise instructed.**

B. Prior Year Election

Distribution Amount (choose one):

- Calculate and Distribute RMD amount OR
- Distribute a fixed amount (must be greater than RMD): \$ _____

C. Current Year Election

Frequency (choose one):

- Monthly Quarterly Annually
- Dividends*
- Dividends and Capital Gains*

*If Dividends and Capital Gains is selected, all future dividend/capital gains distributions will be paid in cash until otherwise instructed.

Begin distributions on ____/____/____

Distribution Amount (choose one):

- Calculate and Distribute RMD amount
- Distribute a fixed amount periodically based on the frequency selected (must be greater than RMD): \$ _____
- Distribute a one-time fixed amount (must be greater than RMD): \$ _____

Notes: If a frequency is not selected, your RMD will be distributed annually. 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.

4 MAILING INSTRUCTIONS Unless instructed otherwise, checks will be made payable to registered account owner.

A Medallion Signature Guarantee is required if the check is made payable to an individual other than the registered participant and/or is mailed to an address other than the account's registered address.

Name on Check: First Name Middle initial Last Name

Mail To: Street Address City State Zip Code

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

City State Zip Code

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.

5 WITHHOLDING ELECTION

Distributions from IRA's that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. 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. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

Do **NOT** withhold federal income tax

Withhold **10%** federal income tax

Withhold _____% federal income tax (must be greater than 10%).

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form **or if you have not previously elected out of withholding**. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

6 SIGNATURE

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.**

Participant's Signature

Date

Signature Guarantee - Medallion Stamp* (if required)

* 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 Signature Guarantee. The medallion signature guarantee stamp must include the words SIGNATURE GUARANTEED, MEDALLION GUARANTEED, and otherwise comply with the medallion program requirements.

**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**