

LEGG MASON FAMILY OF FUNDS

IRA Distribution Request

Use this form to request a one-time or systematic distribution from your Legg Mason Funds Traditional, SEP-IRA, Roth IRA or SIMPLE IRA. **This form cannot be used to request a Required Minimum Distribution.** Please contact Shareholder Services at 1-800-822-5544 Monday through Friday, 8:00 am – 5:30 pm (ET) for the appropriate form.

An annual, per account custodian maintenance fee will be deducted from your distribution for each account that is fully liquidated. The fee is charged whether the funds are distributed to you or transferred to a successor custodian or trustee. This fee is not prorated for periods of less than one full year.

1 ACCOUNT INFORMATION

Please check this box if the address provided is your new address of record
(A Medallion Signature Guarantee is required in Section 6)

Account Owner's Name (first) (middle initial) (last) Date of Birth

Street Address City, State & Zip Code

Account Number Social Security Number Daytime Phone Number

Traditional IRA SEP or SAR SEP Roth IRA — Initial Funding Year _____
 SIMPLE IRA — Initial Funding Date _____ (Distributions taken during the first two years of participation in a SIMPLE IRA will be subject to a 25% early withdrawal penalty for premature withdrawals.)

2 TYPE OF DISTRIBUTION

- Normal Distribution: Account owner is over age 59½
- Premature Distribution — Account owner is under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons. You may be required to file IRS Form 5329.
- Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
- Permanent Disability — For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.
- Roth Conversion — To Roth account number _____ (if no account has been established, please complete the IRA application and check the box for Roth.)
- Recharacterization to IRA account number _____ (if no account has been established, please complete the IRA application.)
- Excess Contribution — Tax year of contribution to be distributed _____ Date Deposited _____
Is the excess being removed before your tax-filing deadline? Yes No
- Qualified Reservist Distribution

Beneficiary Name Beneficiary Social Security Number

Date of Birth Relationship to Deceased

- Divorce: Please attach a certified original Divorce Decree or Court Order. If a Legg Mason Funds IRA has not already been established for the receiving spouse, an IRA Application and Adoption Agreement must also be attached.

Move to Spouse's Legg Mason Funds IRA Account Number

- Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued.

3 DISTRIBUTION INSTRUCTIONS

Indicate the amount, frequency and method in which you would like to receive your distributions. Make sure you are selecting one option from both A and B. If you wish to establish a Systematic Withdrawal Plan from a Legg Mason fund, please also complete section 8.

A. DISTRIBUTION AMOUNT AND FREQUENCY

- Total distribution of account listed in section 1.
- One-time partial distribution as listed below:

Fund Name/NASDAQ Symbol (if available)	Share Class	\$ Amount (Gross) or Number of Shares

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- Systematic Withdrawal Plan

To initiate a systematic withdrawal from a Legg Mason fund, a minimum balance of \$5,000 is required in the fund from which you wish to withdraw. If your account balance is less than your systematic withdrawal amount, we will liquidate the remaining balance in that fund.

The minimum systematic withdrawal is \$50.00 per month and \$150.00 quarterly per transaction per fund. Complete the information below for each fund from which you choose to systematically redeem, and attach a voided check.

Fund Name/NASDAQ Symbol (if available)	Share Class	Start Date ¹

Frequency: Monthly Quarterly Semiannually Annually

In the dollar amount of \$ _____ or in the annual percentage of _____% to be paid in the frequency elected above.

Fund Name	Share Class	Start Date ¹

Frequency: Monthly Quarterly Semiannually Annually

In the dollar amount of \$ _____ or in the annual percentage of _____% to be paid in the frequency elected above.

¹ Distributions paid by check will be processed on the 25th of each month or the next business day. BNY Mellon Investment Servicing Trust Company will mail a check within three business days. Distributions paid by ACH will be processed the day of the month you indicate and will take approximately two business days to be credited to the designated bank account. If no date is indicated for payment by ACH, the distribution will be processed on the 25th of each month or the next business day.

B. DISTRIBUTION PAYMENT METHOD

- Transfer of Assets (If assets are being transferred to another IRA at another financial institution, please submit a letter of acceptance from the receiving firm.)
- Distribute by check made payable to account owner and send to address of record.
- Mail a check made payable to the alternate payee indicated below and/or send to the special address detailed below. **A Medallion Signature Guarantee in section 6 is required if this option is selected.**

Alternate Payee (if applicable) _____

Alternate Street Address _____ City, State & Zip Code _____

- Deposit into the following non-retirement Legg Mason account and purchase shares of fund(s) listed below. Minimum initial purchase is \$1,000. To open a non-retirement account, please attach application.

Account Number	Fund Name	Share Class	Percentage

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- Wire Transfer to my bank account. *(If banking instructions have not been previously established on your account, complete section 6 and attach a voided check.)*
- ACH to my bank account. *(If banking instructions have not been previously established on your account, complete section 6 and attach a voided check.)*

Account Type (Check one. If not checked, will default to checking.): Checking Savings

Tape your voided, imprinted check here (do not staple).

4 WITHHOLDING INFORMATION

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment 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, 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. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- I elect **TO NOT** have federal income tax withheld. (This option is only available for accounts registered with an address in the United States.)
- Withhold 10% federal income tax
- Withhold _____% federal income tax (must be more than 10%)

STATE WITHHOLDING

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

- I elect **TO NOT** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following dollar amount or percentage from my retirement account distribution withheld for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or _____ %

5 SIGNATURE AND CONFIRMATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the [Client Name], or any agent of either of them has given no tax or legal advice to me, 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, [Client Name], 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.

IMPORTANT

Tax Certification (Substitute W-9)

Exemptions (see instructions)

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

I understand that federal law requires financial institutions to obtain, verify and record information that identifies each person or entity that opens a new account. Account owners are asked to provide their names, addresses, dates of birth (if applicable) and other information, which may include driver's license numbers or other identification numbers, so that the institution can accurately verify their identity. If Legg Mason is unable to verify a client's identity within a reasonable time after the account opening, the firm may restrict or close the account.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued and will provide the number to the fund as soon as it is issued), and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. person (including a U.S. resident alien).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Certification Instructions: Strike through item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If a real estate transaction, no requirement to complete item 2. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

If you are subject to backup withholding, check the box in front of the following statement.

- I have been notified by the IRS that I am subject to backup withholding.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant's Signature*

Date

*Beneficiary's Signature for inheritance liquidations.

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

6 MEDALLION SIGNATURE GUARANTEE (IF REQUIRED)

A Medallion Signature Guarantee is required if the distribution is to be:

- Made payable to someone other than the requested owner
- Mailed to an address other than the current address on file
- The distribution is going to a bank not currently on file
- Mailed to an address that has been changed within 30 days

You can obtain a Medallion Signature Guarantee from most banks, savings institutions, broker/dealers or financial institutions. NOTARIZATION BY A NOTARY PUBLIC IS NOT ACCEPTABLE IN LIEU OF A MEDALLION SIGNATURE GUARANTEE.

Medallion Signature Guarantee Stamp [HERE](#)

CONTACT INFORMATION (INCLUDING CUSTOMER COMPLAINTS)

Mail:	Postal address Legg Mason Funds P.O. Box 9699 Providence, RI 02940-9699	Overnight carrier address Legg Mason Funds 4400 Computer Drive Westborough, MA 01581
Phone:	To speak with an investment professional regarding any of our funds, please call toll-free: 1-800-822-5544, Monday through Friday, 8:00 am – 5:30 pm (ET)	
Fax:	1-508-599-4186	
TeleFund:	To access our telephone account management service, please call toll-free: 1-877-6LMFUNDS (1-877-656-3863)	
Internet:	www.leggmasonfunds.com	

An investor should consider a Fund's investment objectives, risks, charges and expenses carefully before investing. For a free prospectus, which contains this and other information on any Legg Mason Fund, visit www.leggmasonfunds.com. An investor should read the prospectus carefully before investing.