

Retirement Account Distribution Form

(Class A and C Shares)

Instructions

- Use this form to request a partial or total distribution from the following retirement accounts held by State Street Bank and Trust Company as custodian:

Traditional IRA • Roth IRA • SEP • SAR/SEP

- If you have questions about completing this form, please call your Registered Representative or 800-766-3863 for assistance.

1. IRA Holder Information Please print clearly in blue or black ink.

Name (as it appears on account registration)

Social Security Number

Street Address

Date of Birth (mm/dd/yy)

City

State

Zip Code

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Daytime Phone

Evening Phone

Account Number

Account Type (Check ONE):

Traditional IRA

Roth IRA

SEP

SAR/SEP

2. Distribution Instructions

A. Type of Distribution. Please check ONE of the three options listed below.

- Lump Sum Distribution. Complete "B" ("Fund Designation"). Check "Total" beside fund(s) to be liquidated.
- Partial Distribution. Complete "B" ("Fund Designation"). Indicate dollar amount or number of shares to be distributed in the space provided.
- Systematic Withdrawal Payment. Indicate instructions by checking ONE box in "a" and ONE box in "b" below. Complete "B" ("Fund Designation") and indicate dollar amount, number of shares or percentage to be distributed.

a. Please check ONE Fixed dollar amount Fixed share amount Fixed percentage Life expectancy (Please complete Section 3)

b. Frequency of Distributions. Please check ONE and indicate when distributions will begin.

Monthly Quarterly Semiannually Annually Please begin these distributions in ____/____(Month/Year).

Note: There must be at least one Systematic Withdrawal Payment distribution per year. Distribution instructions designated here will remain in effect until the Participant forwards a letter of instructions to discontinue them. All Systematic Withdrawal payments by check are processed on the 25th day of the month. Checks are mailed out within two business days of processing.

B. Fund Designation. Check fund(s) from which distributions will be taken. To liquidate a fund completely, check "Total." If you are taking a partial distribution or requesting a systematic payment, provide the fixed dollar, number of shares (to three decimal places) or percentage amount of distribution.

WITHDRAWAL INSTRUCTIONS						
Fund Name	Fund Number		Total	Partial Distribution or Systematic Withdrawal		
	Class A	Class C		In Dollars	In Shares (to 3 decimals)	Percentage
RS Partners Fund	<input type="checkbox"/> 1457	N/A	<input type="checkbox"/>	\$		%
RS Value Fund	<input type="checkbox"/> 1454	<input type="checkbox"/> 1754	<input type="checkbox"/>	\$		%
RS Large Cap Alpha Fund	<input type="checkbox"/> 185	<input type="checkbox"/> 550	<input type="checkbox"/>	\$		%
RS Investors Fund	<input type="checkbox"/> 1469	<input type="checkbox"/> 1769	<input type="checkbox"/>	\$		%
RS Global Natural Resources Fund	<input type="checkbox"/> 1474	<input type="checkbox"/> 1774	<input type="checkbox"/>	\$		%
RS Capital Appreciation Fund	<input type="checkbox"/> 1451	<input type="checkbox"/> 1751	<input type="checkbox"/>	\$		%
RS Small Cap Growth Fund	<input type="checkbox"/> 1452	<input type="checkbox"/> 1752	<input type="checkbox"/>	\$		%
RS Select Growth Fund	<input type="checkbox"/> 1475	<input type="checkbox"/> 1775	<input type="checkbox"/>	\$		%
RS Mid Cap Growth Fund	<input type="checkbox"/> 1458	<input type="checkbox"/> 1758	<input type="checkbox"/>	\$		%
RS Growth Fund	<input type="checkbox"/> 1453	<input type="checkbox"/> 1753	<input type="checkbox"/>	\$		%
RS Technology Fund	<input type="checkbox"/> 1473	<input type="checkbox"/> 1773	<input type="checkbox"/>	\$		%
RS Small Cap Equity Fund	<input type="checkbox"/> 124	<input type="checkbox"/> 544	<input type="checkbox"/>	\$		%
RS International Growth Fund	<input type="checkbox"/> 189	<input type="checkbox"/> 549	<input type="checkbox"/>	\$		%
RS Emerging Markets Fund	<input type="checkbox"/> 126	<input type="checkbox"/> 526	<input type="checkbox"/>	\$		%
RS Global Growth Fund	<input type="checkbox"/> 1431	<input type="checkbox"/> 1731	<input type="checkbox"/>	\$		%
RS Greater China Fund	<input type="checkbox"/> 1430	<input type="checkbox"/> 1730	<input type="checkbox"/>	\$		%
RS Investment Quality Bond Fund	<input type="checkbox"/> 186	<input type="checkbox"/> 543	<input type="checkbox"/>	\$		%
RS Low Duration Bond Fund	<input type="checkbox"/> 117	<input type="checkbox"/> 517	<input type="checkbox"/>	\$		%
RS High Yield Fund	<input type="checkbox"/> 145	<input type="checkbox"/> 545	<input type="checkbox"/>	\$		%
RS Tax-Exempt Fund	<input type="checkbox"/> 187	<input type="checkbox"/> 547	<input type="checkbox"/>	\$		%
RS High Yield Municipal Bond Fund	<input type="checkbox"/> 1456	<input type="checkbox"/> 1756	<input type="checkbox"/>	\$		%
RS Floating Rate Fund	<input type="checkbox"/> 1455	<input type="checkbox"/> 1755	<input type="checkbox"/>	\$		%
RS Strategic Income Fund	<input type="checkbox"/> 1460	<input type="checkbox"/> 1760	<input type="checkbox"/>	\$		%
RS Money Market Fund	<input type="checkbox"/> 192	<input type="checkbox"/> 532	<input type="checkbox"/>	\$		%
RS S&P 500 Index Fund	<input type="checkbox"/> 831	<input type="checkbox"/> 834	<input type="checkbox"/>	\$		%

3. Distributions Based on Life Expectancy Payments will be calculated using an appropriate IRS life expectancy table.

Beneficiary (Print Name) _____

Date of Birth (mm/dd/yy) _____ Relationship _____

4. Distributions Description Please check ONE only:

- Standard** (Traditional IRAs, SEPs and SAR/SEPs only)
Participant has reached the **age 59½**. (Distributions from Traditional IRAs and from qualified plans to Participants owning more than 5% of a business must begin by April 1 of the year in which the Participant reaches age 70½. Otherwise, payouts may be delayed until April 1 of the year following the Participant's retirement.)
- Premature** For Traditional IRAs, SEPs and SAR/SEPs, Participant is under age 59½ and acknowledges that the distribution may result in tax consequences and penalties. For Roth IRAs, the account has not been open for 5 years and the Participant acknowledges that the distribution may result in tax consequences and penalties.

Certain exemptions to the penalty may apply. Exemptions include:

- Medical expenses in excess of 7.5% of total gross income or as a result of being unemployed for at least 12 consecutive weeks, to pay medical insurance premiums.
- Qualified higher education expenses for Participant or Participant's spouse, child or grandchild.
- Eligible first-time homebuyer expenses (\$10,000 lifetime limit).

- Premature Exempt** Participant intends to take substantially equal payments at least annually for five years or until the Participant reaches the age of 59½, whichever is longer. (**"Systematic Withdrawal Payment" portion of Section 2 A, must be completed.**)

NOTE: Should you deposit additional monies or request additional redemptions during the required period of this distribution, you may incur adverse tax consequences. Please consult your tax advisor.

- Disability** Participant is unable to engage in any substantial gainful activity and his/her condition is to be of long, continued, and indefinite duration. Proof of disability may be required by the IRS. Please consult with your tax advisor.
- Excess Contribution** Participant acknowledges that he/she had contributed more to his/her retirement account than is allowed by the IRS and that penalties may be applied by the IRS. **Please answer a and b below:**
- a. Remove the amount specified in "Fund Designation" in Section II for tax year _____.
- b. **RETURN** or **REAPPLY** as contribution for tax year _____.
- Rollover** Participant is rolling retirement account over to another Qualified Plan.
- Death** Participant is no longer living, so the Beneficiary must provide the following legal documentation:
- Certified copy of the Participant's death certificate.
 - Signature guaranteed letter of instruction signed by Beneficiary.
 - W-9 Form certifying the tax identification number of the Beneficiary.
 - Tax waiver, if required by the state in which the Participant resided.
 - If the Participant did not have a Beneficiary named in the Beneficiary file, certified Letters Testamentary will be required to show who is legally authorized to sign for the account.

5. Method of Payment Please check ONE only

Any distribution due to death requires a designated beneficiary or, if no beneficiary, a designated estate. All Systematic Withdrawal payments by check are processed on the 25th day of the month. Checks are mailed out within two business days of processing.

- Make check payable to the Participant and mail to address of record.
- Send payment electronically to the bank and account named below. **Note:** Attach a voided check or preprinted deposit slip.
Medallion Signature Guarantee Required.*
- Make check payable to the name furnished in the next column and mail it to the address provided. **Medallion Signature Guarantee Required.***

Bank or Payee Name

Bank Account Number

Bank or Payee Street Address

City, State, Zip Code

6. Income Tax Withholding Please check ONE:

If you do not check a box, federal law requires that we withhold 10%.

- Do not withhold** taxes.
- Withhold** taxes at the **standard rate of 10%**
- Withhold** taxes at the **rate of** _____ %

7. Signature

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

X

Print Name

Signature

* Your signature must be medallion signature guaranteed if the payee or mailing address differs from that of record (this includes if the proceeds are to be sent to a bank account via wire); Beneficiary or Executor is signing; Shareholder is not a natural person; proceeds are made payable to someone other than the account holder or the shareholder has recently changed the address of record. Your signature(s) must be medallion signature guaranteed by a domestic commercial bank, trust company, a member firm of a national securities exchange, or other eligible guarantor institution. A signature guarantee by a notary public will NOT be accepted. Corporations, trusts, or estates may be required to submit additional documentation.

Mailing Instructions:

Regular Mail

RS Investments
c/o Boston Financial Data Services
P.O. Box 219717
Kansas City, MO 64121-9717

Overnight Mail

RS Investments
c/o Boston Financial Data Services
330 West 9th Street, 1st Floor
Kansas City, MO 64105