

BB&T FUNDS**INDIVIDUAL RETIREMENT ACCOUNT (IRA)
DISTRIBUTION REQUEST FORM**Please complete and return for assistance, please contact Shareholder Services at [1-800-228-1872](tel:1-800-228-1872).**THIS FORM IS NOT INTENDED FOR REQUIRED MINIMUM DISTRIBUTION OR TRANSFER REQUESTS****PARTICIPANT INFORMATION****NAME:** _____

(Please print the name exactly as it appears on the IRA account)

If you are the beneficiary of a decedent's account please see # 4 under Reason for Distribution.

SOCIAL SECURITY NUMBER: _____ - _____ - _____**DATE OF BIRTH:** ____ / ____ / ____
MM DD YY**ADDRESS:** _____
STREET ADDRESS CITY STATE ZIP**ACCOUNT NUMBER:** _____**SECTION I INDIVIDUAL RETIREMENT ACCOUNT (ROTH IRA's Proceed to SECTION II)****DISTRIBUTION REQUEST FOR:** Traditional IRA Rollover IRA
 SEP IRA SIMPLE IRA**REASON FOR DISTRIBUTION - Check the box that applies**

- 1. Normal Distribution - If you are the participant and age 59 1/2 or older.
- 2. Early (premature) distribution - Participant is under age 59 1/2, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer 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 a beneficiary contact Shareholder Services regarding additional document requirements.
- 5. Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Transfer Incident to Divorce or Legal Separation - Contact Shareholder Services regarding additional document requirements.
- 7. Removal of Excess - - you must complete **Section III and V** (Excess Contribution Election and Distribution) in their entirety.
- 8. Direct Rollover to a qualified plan - you are certifying that the qualified plan custodian will accept the IRA assets issued.

Important: For transfers please complete the appropriate receiving custodians trustee to trustee transfer form. For revocations refer to the Disclosure Statement for instructions and information regarding your revocation rights. 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.**SECTION II (A or B will apply) DISTRIBUTION REQUEST FOR ROTH IRA****A.) NON-QUALIFIED DISTRIBUTION - Check the box that applies.**

- 1. Normal Distribution (prior to the 5-year holding requirement) - If you are the participant and age 59 1/2 or older.
- 2. Early (premature) distribution - Participant is under age 59 1/2, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer 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 a beneficiary contact Shareholder Services regarding additional document requirements.
- 5. Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
- 6. Transfer Incident to Divorce or Legal Separation - contact Shareholder Services regarding additional document requirements.
- 7. Removal of Excess - you must complete **Section III and V** (Excess Contribution Election) in their entirety.

Important: For transfers please complete the appropriate receiving custodians trustee to trustee transfer form. For revocations refer to the Disclosure Statement for instructions and information regarding your revocation rights. 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.

B.) QUALIFIED DISTRIBUTION - Check the boxes that apply

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

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

1. You are the participant and age 59 1/2 or older.
 2. Death - If you are a beneficiary contact Shareholder Services regarding additional document requirements.
 3. Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.

Important: For transfers please complete the appropriate receiving custodians trustee to trustee transfer form. For revocations refer to the Disclosure Statement for instructions and information regarding your revocation rights. 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.

SECTION III

EXCESS CONTRIBUTION ELECTION

Amount of excess: \$ _____
 (MUST BE COMPLETED)

Tax year for which excess contribution was made: _____
 (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 V - MAILING INSTRUCTIONS
- Remove excess plus/minus net income attributable. -
 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 V - MAILING INSTRUCTIONS
- Remove Excess -
 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.

SECTION IV

DISTRIBUTION AMOUNT

DISTRIBUTION AMOUNT - (All checks will be made payable to the registered account owner)

Partial Distribution Amount \$ _____ Net Gross **or** Mutual Fund Shares _____

Total Distribution of Account Balance

Fixed Amount \$ _____
Start Date _____

Frequency:

Monthly Quarterly
 Semi-annually Annually

Distribute from the following Fund(s):

	A	B	C		
Select Equity Fund	<input type="checkbox"/> (010)	<input type="checkbox"/> (110)	<input type="checkbox"/> (210)	_____	%
Mid Cap Value Fund	<input type="checkbox"/> (012)	<input type="checkbox"/> (112)	<input type="checkbox"/> (212)	_____	%
Sterling Capital Small Cap Value Fund	<input type="checkbox"/> (015)	<input type="checkbox"/> (115)	<input type="checkbox"/> (215)	_____	%
International Equity Fund	<input type="checkbox"/> (020)	<input type="checkbox"/> (120)	<input type="checkbox"/> (220)	_____	%
Special Opportunities Equity Fund	<input type="checkbox"/> (021)	<input type="checkbox"/> (121)	<input type="checkbox"/> (221)	_____	%
Equity Income Fund	<input type="checkbox"/> (022)	<input type="checkbox"/> (122)	<input type="checkbox"/> (222)	_____	%
Equity Index Fund	<input type="checkbox"/> (023)	<input type="checkbox"/> (123)	<input type="checkbox"/> (223)	_____	%
Short U.S. Government Fund	<input type="checkbox"/> (040)			_____	%
Intermediate U.S. Government Fund	<input type="checkbox"/> (041)	<input type="checkbox"/> (141)	<input type="checkbox"/> (241)	_____	%
Total Return Bond Fund	<input type="checkbox"/> (042)	<input type="checkbox"/> (142)	<input type="checkbox"/> (242)	_____	%
Kentucky Intermediate Tax Free Fund	<input type="checkbox"/> (043)			_____	%
Maryland Intermediate Tax Free Fund	<input type="checkbox"/> (044)			_____	%
North Carolina Intermediate Tax Free Fund	<input type="checkbox"/> (045)			_____	%
South Carolina Intermediate Tax Free Fund	<input type="checkbox"/> (046)			_____	%
Virginia Intermediate Tax Free Fund	<input type="checkbox"/> (047)			_____	%
West Virginia Intermediate Tax Free Fund	<input type="checkbox"/> (048)			_____	%
Prime Money Market Fund	<input type="checkbox"/> (050)	<input type="checkbox"/> (150)	<input type="checkbox"/> (250)	_____	%
U.S. Treasury Money Market Fund	<input type="checkbox"/> (051)	<input type="checkbox"/> (151)	<input type="checkbox"/> (251)	_____	%
National Tax Fee Money Market Fund	<input type="checkbox"/> (052)	<input type="checkbox"/> (152)	<input type="checkbox"/> (252)	_____	%
Capital Manager Conservative Growth Fund	<input type="checkbox"/> (060)	<input type="checkbox"/> (160)	<input type="checkbox"/> (260)	_____	%
Capital Manager Moderate Growth Fund	<input type="checkbox"/> (061)	<input type="checkbox"/> (161)	<input type="checkbox"/> (261)	_____	%
Capital Manager Growth Fund	<input type="checkbox"/> (062)	<input type="checkbox"/> (162)	<input type="checkbox"/> (262)	_____	%
Capital Manager Equity Fund	<input type="checkbox"/> (063)	<input type="checkbox"/> (163)	<input type="checkbox"/> (263)	_____	%

Total must equal 100%

OR Distribute across all funds I own proportionately (rounding may occur)

SECTION V**MAILING INSTRUCTIONS**

- Mail to my address currently on file.
- Transmit proceeds electronically by ACH based on the banking instructions I currently have on file.
- Mail to the following address: NOT INTENDED FOR NON-REPORTABLE TRANSFERS

Mailing address Medallion Signature Guarantee required	CHECK WILL BE MADE PAYABLE TO THE REGISTERED ACCOUNT OWNER

- Mail to the following Financial Institution address: NOT INTENDED FOR NON-REPORTABLE TRANSFERS

	CHECK WILL BE MADE PAYABLE TO THE REGISTERED ACCOUNT OWNER
Financial Institution	C/O
Account Number	
Mailing address Medallion Signature Guarantee required	

- Direct Rollover to a Qualified Plan or 403(B):

	CHECK WILL BE MADE PAYABLE TO THE RECEIVING CUSTODIAN
Receiving Custodian	
Account Number	
Mailing address Medallion Signature Guarantee required	

- Purchase funds into my existing non-retirement mutual fund account in the same fund family.

Account Number _____

Fund Name _____

- NEW ACCOUNT: attach a completed application to purchase funds into a new non-retirement mutual fund account (same fund family).

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:

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

State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal taxes are withheld. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. You may wish to 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 _____ %

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 the Custodian, the Fund, 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, Mutual Fund, 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. 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 _____
Participants or Beneficiary Signature

Date

*(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.)

Medallion Signature Guarantee - Medallion Stamp*

First Class Mail:
 BB&T Funds
 P.O. Box 9762
 Providence, RI 02940

Overnight Mail:
 BB&T Funds
 101 Sabin Street
 Pawtucket, RI 02860
 1-800-228-1872