

ACCOUNT INFORMATION (Form must be completely filled out to avoid delay in processing)

I request distribution from my Account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations.

TYPE OF DISTRIBUTION (Must Select One)

One Time Distribution Periodic Distribution: (Start Date):
 Monthly Quarterly Annually

WITHDRAWAL AMOUNT (Must Select One)

Gross Amount Total Distribution

METHOD OF DISTRIBUTION

Automated Check Mailed to Address of Record Wire Transfer*
 Credit to Non-IRA Shelton Funds Account ACH Transfer*
 Account #:

***Please attach a voided check, medallion signature guarantee required if bank instructions are not currently on file**

REQUIRED SIGNATURES

I certify that all information in this Distribution Request is accurate, and agree to hold Paralel harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

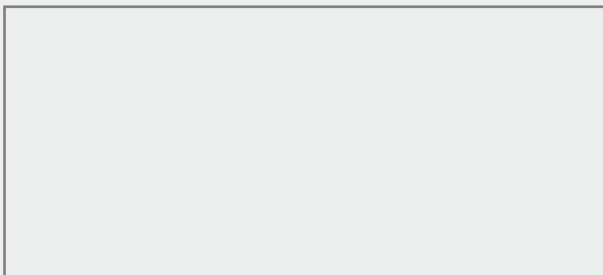
All registered owners must sign and may need to have their signatures guaranteed. **If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature and submitted via mail.**

Owner Signature

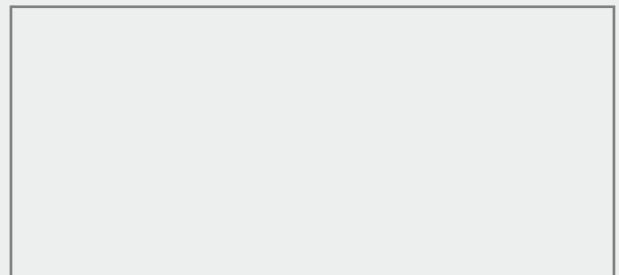
Date

Joint Owner Signature

Date



Medallion Signature Guarantee Stamp



Medallion Signature Guarantee Stamp

**Please mail completed form to:
 Shelton Capital Management
 P.O. Box 87
 Denver, CO 80201**