IRA/SPIRA/SEP Distribution Form *(Please print clearly.)*

Dear UMB Bank n.a.:

I have a VanEck Funds IRA, SPIRA, or SEP/IRA, account number _________________________________,

invested in the ____ mutual fund.

I certify that my birthdate is (MM-DD-YYYY) ___________________. I understand that at age 59 ½ I am eligible to take distributions from my account without a 10% tax penalty. Generally, the amounts an individual withdraws as a distribution from an IRA before reaching age 59 ½ are called "early" or "premature" distributions which are subject to a 10% early withdrawal tax, unless an Internal Revenue Service ("IRS") approved exception applies. *For more information about distributions, please see the information section at the end of this form. We urge you to consult your tax advisor or legal consultant for further information.*

1. Distribution Options

Please check one:

A. ☐ I wish to begin distributions in the VanEck Funds based on one of the choices marked in Section 2.

B. ☐ I am currently receiving periodic distributions, but I wish to discontinue them on that basis. I wish to begin distributions based on one of the other choices marked in Section 2.

C. ☐ I am currently receiving periodic distributions from the VanEck Funds, and wish to continue distributions on that basis.

D. ☐ Do not make any distributions from my IRA/SPIRA/SEP accounts in the VanEck Funds. I will satisfy the minimum distribution requirement from another IRA/SPIRA/SEP that I own.

2. Distribution Amounts

In figuring your required minimum distribution (RMD), you must consider all your IRA/SPIRA/SEP's in your various investments, if you have more than one. However, the total of the required minimum distribution of all accounts may be taken from any one or more of those accounts. You may receive distributions in the VanEck Funds in any one of the following manners.

Please check one:

A. ☐ I wish to take distributions based on my single life expectancy from the IRS Uniform Table. (Complete Section 3 to specify the schedule of payments).

B. ☐ I wish to take distributions based on the joint life expectancy of me and my designated spouse beneficiary on the basis checked below in Section 3. (This option is only applicable if you designate your spouse as the *sole* primary beneficiary AND your spouse is more than 10 years younger).

C. ☐ I wish to take a lump sum "total" distribution of my entire account balance (if selecting this option, do not complete Section 3).

D. ☐ I have calculated the amount of my required distributions pursuant to the Internal Revenue Code, and I request a distribution of (*choose one*) $_________________ or _______________% of my account on the basis checked below in Section 3.

E. ☐ I wish to take distributions based on a fixed period of _________ years on the basis checked below in Section 3 (I have determined that this will meet or exceed my required minimum distribution).

3. Payment Schedule Option for Distributions

Please send distribution(s) as follows: *(Do not complete if you have selected “total” distribution in Section 2., Option C above).*

Please check one:

☐ Monthly ☐ Quarterly ☐ Semi - Annually ☐ Annually ☐Other ________________

The first distribution should begin in the month of: ________________________________.

(If no month is specified, this may significantly delay distributions from your account, which may result in penalties assessed by the IRS).

The first distribution should begin in the month of: ________________________________. (If no month is specified, this may significantly delay distributions from your account, which may result in penalties assessed by the IRS).

NOTE: To begin payments on the month indicated, this form should be received by VanEck by the first day of the month. Payments are redeemed from your account on or about the 15th of the month(s) that you indicated above.

4. Federal Income Tax Withholding *(for payments within the United States)*

My Federal income tax withholding option is as follows:

Please check one:

A. ☐ I elect NOT to have Federal income tax withheld from each distribution.

B. ☐ I wish to have 10% Federal income tax withheld from each distribution.

C. ☐ I want the following additional tax amount withheld from each distribution payment:

$______________________or_______________________%

NOTE: If no withholding election is indicated above, 10% Federal income tax will be withheld from your distributions. We encourage you to consult your accountant or tax adviser regarding your distributions. 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 may be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding are not adequate.

5. Foreign Payment Instructions

Payments to an address outside the United States are subject to special rules. Withholding may not be waived by United States citizens receiving payments outside the United States. Withholding for foreign citizens is subject to tax treaty rules. See IRS Publication 515 for more information.

Certification (please check the option that applies):

A. ☐ I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding that cannot be waived.

B. ☐ I hereby certify that I am a foreign citizen. I am attaching a Form W-8BEN to certify my status and to comply with IRS rules. I understand that withholding, if applicable; will be applied to my distribution payments based on my W-8BEN certification or lack thereof.

6. Verification of Data on Your Account

My Birthdate: ____________________(MM/DD/YYYY) My SS#: _________-_______-____________

Please provide the information below in order to verify and/or change your beneficiary information.

Primary Beneficiary(ies): ____

____

Is your Primary Beneficiary your spouse? *(circle one)* YES NO

(If "NO") Relationship: ____

Primary Beneficiary Social Security#: _________-_______-____________

Primary Beneficiary Birthdate: ________________________(MM/DD/YYYY)

Secondary Beneficiary(ies): (if any) ____

____

Relationship: ____

Primary Beneficiary Social Security#: _________-_______-____________

Primary Beneficiary Birthdate: ______________________(MM/DD/YYYY)

SPOUSAL CONSENT *(Required only if spouse is NOT named as primary beneficiary)*

(This section should be reviewed if the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax advice was given to me by the Custodian or the Sponsor.

____ ____
SIGNATURE OF SPOUSE DATE

____ ____
SIGNATURE OF SPOUSE DATE
(Witness cannot be the shareholder)

7. Payment of Distributions

Please forward my distributions to:

Please check one:

A. ☐ The address of record on my account.

B. ☐ VanEck Funds to make a purchase at net asset value (NAV) for a non-retirement account in:

Fund ________________________________ Account #: ____________________________

C. ☐ My bank account as indicated below. **(Signature Guarantee Required – See Note Below).**

Name of Bank: ____

My Bank Account Number: ____

Bank Street Address: ____

City, State, Zip: ____

Bank's ABA (Routing) Number (obtain from your bank): __________________________________

8. Signature

Please sign your name identical to your account registration.

____ ____

Shareholder Signature Date

____

Signature Guarantee

*NOTE: A Signature Guarantee is only required if you want to have distribution checks sent to a bank - OR - if the total distribution is more than $50,000.00. **Notarization by a notary public is *not acceptable.***

IRA Distribution Information

UMB Bank n.a. (UMB) is the Custodian of your Individual Retirement Account (IRA), Spousal Individual Retirement Account (SPIRA) or Simplified Employee Pension (SEP) invested in the VanEck Funds.

At age 59 ½, IRA/SPIRA/SEP ("IRA") participants are eligible to take distributions their IRA account without a 10% tax penalty. Generally, the amounts an individual withdraws as a distribution from an IRA before reaching age 59 ½ are called "early" or "premature" distributions which are subject to a 10% early withdrawal tax, unless an Internal Revenue Service (IRS) approved exception applies. To request a current list of exceptions published by the IRS, please contact the IRS by telephone at 1-800-829-3676 and via the internet at www.irs.gov. Or contact your tax advisor or legal consultant.

If you have attained age 72 by the close of the current year, IRS regulations require that you begin taking IRA distributions. You may take distributions for any amount as long as the IRS rules for Required Minimum Distribution are satisfied. You may postpone your initial annual distribution no later than April 1st of the next year only for the year in which you attain age 72. For example, if you reach age 72 in 2021, you must take your 2021 annual total distribution amount from your IRA no later than April 1st of 2022. Please keep in mind that you must also take your 2022 annual total distribution amount by December 31, 2022 and by December 31 each subsequent year.

Under the IRS rules released in January 2001, Required Minimum Distributions (RMD) distributions are based on the IRS Minimum Distribution Table, unless the exception applies. The exception is: If your sole beneficiary is your spouse, who is more than 10 years younger than you, then distributions are calculated on the joint life expectancy of you and your spouse based on the IRS Joint Life and Last Survivor Expectancy Table.

In calculating your Required Minimum Distribution (RMD), you must consider all your IRAs if you have more than one. However, the total of the Required Minimum Distribution of all accounts may be taken from any one or more of your IRAs.

The IRS can impose, each year, substantial tax penalties on distributions that do not meet the minimum amount required by law. Please note that you are permitted to have annual distributions in excess of the required minimum.

IRA/SPIRA/SEP DISTRIBUTION FORM

Your custodian, UMB, can calculate your Required Minimum Distributions. However, you must instruct UMB on how to proceed by completing the IRA/SPIRA/SEP DISTRIBUTION FORM and returning it to VanEck. In the absence of written instructions, UMB will make no distribution to you.

We urge you to contact your tax advisor or legal consultant for further information. UMB, SS&C Global Investor & Distribution Solutions, Inc., and VanEck cannot evaluate your personal financial tax situation, but we will carry out your instructions. For more information regarding distributions, please refer to IRS Publication 590-B. Also, IRS Notice 88-38 explains how to calculate your Required Minimum Distributions for multiple retirement accounts you own and take the distributions from any one or more of your accounts. Both publications are available from the IRS by telephone at 1-800-829-3676 and via the internet at www.irs.gov.

VEFIRADISTRIB 05/2022

Please mail this application to:

VanEck Funds
P.O. Box 218407
Kansas City, Missouri 64121-8407

Account Assistance: 1.800.544.4653