

# IRA TRANSFER/ROLLOVER FORM

**IMPORTANT:** If transferring to a new Seafarer Funds account, please complete a new Account Application along with this Transfer of Assets Form.

## SECTION 1: Seafarer Funds Account Information

<b>Account Number</b>	<b>Owner's Name (Last, First, Middle Initial)</b>
Owner's Social Security Number	Date of Birth (MM/DD/YY)
Address (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
( ) Phone	E-mail Address

## SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a medallion signature guarantee. If a medallion signature guarantee is required, please complete Section 5. Attach a copy of your current account statement.

Type of Plan Being Transferred/Rolled Over	
<b>Current Trustee/Custodian/Employer/Plan Administrator</b>	Account Number
Address of Custodian (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
( ) Phone	

## SECTION 3: Transfer/Direct Rollover Instructions

I have established an individual retirement account (IRA) with BOKF, NA. Please transfer my assets and follow the instructions below.

I authorize and direct the transfer of the amount stated below to the Seafarer Funds.

- Liquidate all assets in my Seafarer Funds and transfer the entire proceeds.  
 Liquidate only part of my assets in my Seafarer Funds and transfer:

Seafarer Funds	Ticker	Amount
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____
<b>Total</b>		<b>\$ _____</b>

- Directly roll over my qualified plan distribution to my Seafarer Funds IRA.  
 Open a new account - I have attached my completed Seafarer Funds IRA application.  
 Invest in my existing Seafarer Funds IRA account as follows:

In accordance with my custodial agreement or plan document, I hereby authorize my current Trustee/Custodian to deduct any outstanding fees due from my account at the time of transfer to Seafarer Funds.

### Qualified Plan Distribution

I would like a distribution from my qualified plan for the following reason(s):

- Termination of Employment  
  Death  
  Plan Termination  
 Attainment of Retirement Age (typically 59 ½)



**SECTION 5: Medallion Signature Guarantee**

Please complete this section if a medallion signature guarantee is required by your current Custodian.

To protect yourself against fraud, your signature(s) must be guaranteed (“**Medallion Signature Guarantee**”) by any “eligible” guarantor. The Medallion Signature Guarantee stamp MUST include the words “Signature Guaranteed, Medallion Guaranteed” and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantors:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - Savings Associations
  - Trust Companies

Bank or Dealer Firm	Officer’s Title
Officer’s Signature	Date (MM/DD/YY)

[STAMP]

**SECTION 6: BOKF, NA**

To be completed by the Custodian for the Seafarer Funds.

This is to inform you that BOKF, NA will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by BOKF, NA as Custodian for the Seafarer Funds.

BOKF, NA Authorized Representative	Date (MM/DD/YY)
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**Please mail completed form to:**

Seafarer Funds  
PO. Box 219623  
Kansas City, MO 64121

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit seafarerfunds.com

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representative Number
Street Address (Street, City, State, Zip Code)	
Representative Phone Number	