

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

Account Number	Owner's Name (Last, First, Middle Initial)
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	
Current Trustee/Custodian/Employer/Plan Administrator	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 dba Colorado State Bank and Trust. 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	\$ _____
Total		\$ _____

- 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 3: Transfer/Direct Rollover Instructions (continued)

“In Kind” Transfer. If the account listed in Section 2 contains shares of the Seafarer Funds family of funds – you may choose to transfer them “In Kind.” To transfer all other assets, they must be liquidated.

You may not transfer from a Roth IRA to a Traditional IRA.

Transfer #1

Fund Name/Type of Investment _____

Account Number _____

- Partial Account \$ _____ or _____ %
- Entire Account
- Transfer “In Kind”
- Directly rollover my qualified plan
- Liquidate all assets & transfer entire proceeds

Transfer #2

Fund Name/Type of Investment _____

Account Number _____

- Partial Account \$ _____ or _____ %
- Entire Account
- Transfer “In Kind”
- Directly rollover my qualified plan
- Liquidate all assets & transfer entire proceeds

Transfer #3

Fund Name/Type of Investment _____

Account Number _____

- Partial Account \$ _____ or _____ %
- Entire Account
- Transfer “In Kind”
- Directly rollover my qualified plan
- Liquidate all assets & transfer entire proceeds

Make Checks Payable to: Seafarer Funds

 FBO Traditional IRA or Roth IRA

 Client Name _____

 SSN _____

SECTION 4: Authorization/Signatures

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with Seafarer Funds and have appointed BOKF, NA dba Colorado State Bank and Trust as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer “in kind” the assets noted above, which your company holds for me.

If I am 70½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to Seafarer Funds, I understand and acknowledge that I am responsible for notifying Seafarer Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9); as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

Owner's Signature _____ Date (MM/DD/YY) _____

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 dba Colorado State Bank and Trust

To be completed by the Custodian for the Seafarer Funds.

This is to inform you that BOKF, NA dba Colorado State Bank and Trust 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 dba Colorado State Bank and Trust as Custodian for the Seafarer Funds.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative	Date (MM/DD/YY)
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Please mail completed form to:

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| <p>Regular Mail:
 Seafarer Funds
 PO. Box 44474
 Denver, CO 80201</p> | <p>Overnight Mail:
 Seafarer Funds
 1290 Broadway, Suite 1100
 Denver, CO 80203</p> |
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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	