

# 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 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 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 have begun taking my minimum required distributions from the account which is being transferred to the 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

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)

### Please mail completed form to:

**Regular Mail:**

Seafarer Funds  
PO. Box 44474  
Denver, CO 80201

**Overnight Mail:**

Seafarer Funds  
1290 Broadway, Suite 1000  
Denver, CO 80203

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](http://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