

	<input type="checkbox"/> Traditional IRA <input checked="" type="checkbox"/> SIMPLE IRA	

TRANSFER INSTRUCTIONS AND PAYMENT INFORMATION

Directly transfer all or part of the IRA identified above in the following manner.

Frequency: One-time Annually
 Monthly Other _____
 Quarterly

Please make a check payable as follows: \$ _____, as trustee of FBO C
 _____ (Name of Accepting Organization) _____
 _____ (Name of IRA Holder) _____ (Investment Company Name) IRA.Ó

Mail the check to: _____
 _____ (Investment Company Name and Address)

This transfer should be placed in Traditional SIMPLE IRA.

This transfer will will not close the IRA.

ASSET HANDLING INSTRUCTIONS

Asset Description	Quantity Or Amount In IRA	Quantity Or Amount To Be Transferred
1.		
2.		
3.		
4.		

TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)
 Complete if applicable.

I authorize the Trustee or Custodian named above to distribute my RMD to me prior to transferring my IRA assets,
 segregate and retain my RMD amount, or
 include the amount that represents my RMD in the transfer.

ACCEPTING IRA TRUSTEE OR CUSTODIAN INVESTMENT INFORMATION

This is a new IRA. My IRA Application is attached. I have an existing IRA.

Please invest the proceeds of this transfer as follows:

Fund _____	Account Number _____	% _____
Fund _____	Account Number _____	% _____
Fund _____	Account Number _____	% _____

(must total 100%)

SIGNATURE OF IRA HOLDER, BENEFICIARY OR FORMER SPOUSE

I authorize the transfer of the IRA assets in the manner described above and certify that the IRA designated by the above named individual is a valid IRA. The Trustee or Custodian, as identified in the Individual Retirement Account Application, hereby agrees to serve as the Trustee or Custodian for the account of the above-named individual, and in that capacity, agrees to accept the transfer of the assets listed above.

I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. Further, I understand that a transfer from a SIMPLE IRA to a SIMPLE IRA on a more frequent basis than monthly from a Designated Financial Institution, or a change in my transfer request outside my election period, may result in costs or penalties. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

ACCEPTING IRA TRUSTEE OR CUSTODIAN

Account Identification of Accepting IRA _____
 _____ (Authorized Signature of Trustee or Custodian) _____ (Date)

IRA INQUIRIES

For inquiries, please continue to contact the Investment Company at the address phone number listed on the IRA Account Application.

 (IRA Holder, Beneficiary or Former Spouse) (Date)

 (Signature Guarantee, if applicable) (Date)