

# Tilson Mutual Funds

P.O. Box 8656, Denver, CO 80201 **Mail**  
1290 Broadway, Suite 1100, Denver, CO 80203 **Overnight**  
1-888-4TILSON (1-888-484-5766) **Phone** · 1-866-205-1499 **Fax**

## IRA TRANSFER/ROLLOVER FORM

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

### SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( ) ( )  
Day Phone Evening Phone

E-mail Address

### SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 5. Attach a copy of the 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 Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( ) ( )  
Day Phone Evening 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 Tilson Funds.

- Liquidate all assets in my IRA Account Number and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account Number and transfer \$ or % \_\_\_\_\_
- Liquidate ONLY the assets listed below (**For CD's**):  
Account Number \_\_\_\_\_  
 Immediately  At maturity on \_\_\_\_\_ date

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

#### Investment Allocation

Funds Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
<b>Total Amount</b>	\$ _____ or _____ %

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 Tilson 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)

#### "In Kind" Transfers

If the account listed in Section 2 contains shares of the Tilson 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 or a SEP IRA.

For Certificates of Deposit, redeem:  Immediately  At Maturity \_\_\_\_\_  
Date

#### Transfer #1

Tilson Funds/Type of Investment

Account Number

- Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %
- Entire Account
- Transfer "In Kind"
- Directly rollover my qualified plan
- Liquidate all assets & transfer entire proceeds

**SECTION 3: Transfer/Direct Rollover Instructions (continued)**

**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 check payable to: Tilson Funds  
 FBO Traditional IRA, SEP 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 the Tilson 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 the Tilson Funds, I understand and acknowledge that I am responsible for notifying the Tilson 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: Signature Guarantee**

A signature guarantee is required if redeeming within 15 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

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 guarantor's:
- 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.

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 Tilson Funds.

\_\_\_\_\_  
BOKF, NA dba Colorado State Bank and Trust (MM/DD/YY)  
Authorized Representative

**Please mail completed form to:**

**Regular Mail:**  
Tilson Funds  
P.O. Box 8656  
Denver, CO 80201

**Overnight Mail:**  
Tilson Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

**or Fax to 866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-888-4TILSON (1-888-484-5766).