

## Request for Transfer of Assets or Direct Rollover Investor Services 800-432-2504

TOA

- To expedite your request please contact your current Custodian or Employer to ensure all necessary forms are submitted, including a copy of your most recent statement.
- Sign and mail your completed TOA form along with any current Custodian's or Employer's required forms and a new Clipper IRA application (if you do not already have a Clipper IRA account) to: Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167. For overnight mail: Clipper Fund, 430 W 7th Street, Suite 219167, Kansas City, MO 64105-1407.

Name								
ivanic								
Address								
City				State	Zip Code		+ 4	
Daytime Telephone Numbe	er	Social Secur	ity Number					
ASSETS ARE MOVING	FROM THIS ACCO	UNT – Please attach	a copy of your mo	st recent stat	ement.			
Name of Custodian								
Address of Custodian								
City				State	Zip Code		+ 4	
				Clair	p			
Telephone Number of Cust	todian							
Telephone Number of Cust		E/CUSTODIAN – Ple	ase select one.					
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INSTRUCTIONS TO DE	LIVERING TRUSTE type: OTH □ SEP	□ SIMPLE □		Employer Ret	tirement Plar	1		
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ASSETS ARE MOVING TO TH	IS CLIPPER ACCOU	NT							
☐ Traditional ☐ ROTH	□SEP								
☐ New Clipper Account or ☐	Existing Account							1 2 6 Fund No.	3
Shareholder Signature			 Da	te					
Note: The current Trustee/Cus	stodian may require y	our signature	to be meda	allion guar	anteed.	Call that	institutio	on for their requir	ements.
Medallion Guarantee:									
A Medallion Guarantee may N	NOT be obtained thro	ugh notary pu	ublic.						
	<b>Letter of Acceptance</b> - UMB Bank hereby accepts custodianship for the IRA, or 403(b) of the above r individual. Please transfer on a custodian to custodian basis, all or part of the designated account as instruction 3 and send the check payable to "Clipper Fund" with a copy of this request.								
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uctions for delivery to the per Fund IRA account.	Section 3 and ser		custodian to	custodiar	d" with a	copy of th	is reques  Clipp PO B  Kansa	t. er Fund	as instru

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Date