

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



- 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 Cipper IRA account) to: Clipper Fund, PO Box 219167, Kansas City, MO 64121-9167. For overnight mail: Clipper Fund, 801 Pennsylvania Ave, Suite 219167, Kansas City, MO 64105-1307.

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| Name | | | | | | | | |
| Address | | | | | | | | |
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| City | | | | State | Zip Code | | + 4 | |
| Daytime Telephone Numb | per | Social S | Security Number | | | | | |
| ASSETS ARE MOVING | G FROM THIS ACCO | UNT – Please at | tach a copy of your r | nost recent stat | tement. | | | |
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| Name of Custodian | | | | | | | | |
| Address of Custodian | | | | | | | | |
| Address of Custodian | | | | | | | | |
| City | | | | State | Zip Code | | + 4 | |
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| Telephone Number of Cus | stodian | | | | | | | |
| | | E/CUSTODIAN - | · Please select one. | | | | | |
| From my current plan | ELIVERING TRUSTE | | | or Employer Do | tiroment Plea | | | |
| From my current plan | ELIVERING TRUSTE type: ROTH □ SEP | □SIMPLE | | er Employer Re | tirement Plar | 1 | | |
| From my current plan Traditional | ELIVERING TRUSTE Type: ROTH □ SEP VER INSTRUCTION | □ SIMPLE S | ☐ 403(b) ☐ Otho | | | 1 | | |
| From my current plan Traditional TRANSFER/ROLLOW Option 1 – Liquida | ELIVERING TRUSTE type: ROTH SEP VER INSTRUCTION ate – Choose this o | □ SIMPLE S option if you are | ☐ 403(b) ☐ Other | sted in the Clip | | 1 | | |
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| ☐ Traditional ☐ ROTH ☐ New Clipper Account or ☐ Shareholder Signature Note: The current Trustee/Cust | | our signature to | Date | | 1 2 6 Fund No. | |
|--|---|-------------------|---------------------|--|---|--------|
| Shareholder Signature Note: The current Trustee/Cust | | our signature to | Date | | | |
| Note: The current Trustee/Cust | odian may require y | our signature to | Date | | | |
| | odian may require y | our signature to | | | | |
| Medallion Guarantee: | | - 2. J.ga.a. J 10 | be medallion gua | ranteed. Call tha | at institution for their requirem | nents. |
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| | OT be obtained thro | ugh notary publi | c. | | | |
| A Medallion Guarantee may N | | | | | | |
| | Letter of Accept | ance - UMB Ban | k hereby accepts | custodianship for | the IRA, or 403(b) of the a | bove |
| ot Complete this Section actions for delivery to the ter Fund IRA account. | | transfer on a cus | stodian to custodia | n basis, all or part | the IRA, or 403(b) of the at tof the designated account as his request. | |
| ot Complete this Section actions for delivery to the | individual. Please Section 3 and sen | transfer on a cus | stodian to custodia | n basis, all or part | t of the designated account as his request. Clipper Fund | |
| ot Complete this Section actions for delivery to the | individual. Please | transfer on a cus | stodian to custodia | n basis, all or part d" with a copy of th | t of the designated account as his request. | instru |

FBO

Date