Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) Transfer Authorization to Former Minor

When complete please return to **Clipper Fund, P.O. Box 219167, Kansas City, MO 64121-9167.**
For overnight mail: **Clipper Fund, 801 Pennsylvania Ave, Suite 219167, Kansas City, MO 64105-1307.**
For assistance please call **Investor Services at 1-800-432-2504.**
Funds are available to U.S. Citizens or resident aliens only.

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLUE OR BLACK INK

Instructions

Use this form to transfer a Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) account to the former minor, who has reached the age at which custodianship terminates (as determined by the laws of the state of governance under which the account was established), and request one of the following transactions:

- **Transfer to an Individual account in the former minor's name**.
- **Full distribution to the former minor.**

For any other type of request, such as appointing a new custodian or transferring to an alternate account type or form of ownership, please complete the Clipper Fund Non-Retirement Change of Ownership Form. Please contact Investor Services for complete requirements.

You can access all account forms at www.clipperfund.com/resources/applications-forms.

A. Account Information

Fund(s)/Account Number(s)

Social Security Number of Former Minor

Name of Former Minor *(Please print name exactly as it appears on the account.)*

Contact Telephone Number

Name of Custodian *(Please print name exactly as it appears on the account.)*

Contact Telephone Number

B. Requestor Information

Legal Name of Requestor *(If different from above, please sign with your **new name** and **former name** in Section E. Notarization is required.)*

Primary Phone Number

E-mail Address

C. Transfer Instructions (*Select one option.*)

☐ **Option 1: Transfer to an Individual account in the former minor's name.** *The custodian or the former minor must sign in Section E. Notarization is required. (Select one.)*

- ☐ **Transfer to a new Individual account in the former minor's name.** *Please attach a Clipper Fund Account Application for Non-Business Registration, completed and signed by the former minor.*
- ☐ **Transfer to an existing Individual account in the former minor's name.** **Account #:** _____

☐ **Option 2. Full Distribution to the former minor.** *The former minor must sign in Section E. Notarization is required. Please complete **Recipient Information** and **Delivery Preferences** sections on the following page.*

Transfer Instructions section continues on the next page.

C. Transfer Instructions *(Cont'd.)*

Complete 1 and 2 below only if you selected option 2 on the previous page and are requesting a full distribution.

1. Recipient Information

Former Minor's Full Name *(First, MI, Last)*

Former Minor's Social Security Number

Former Minor's Date of Birth

Phone Number

E-mail Address

Mailing Address

City

State

Zip Code

Residential Address *(If different from mailing address or if a P.O. Box was given above.)*

City

State

Zip Code

2. Delivery Preferences

Note: If a selection is not made, your redemption proceeds will be sent by check to the mailing address provided above.

☐ Mail check(s) to the mailing address listed above.

☐ ACH transfer to my bank account. *(Allow 2-3 business days to receive your proceeds.)*

☐ Wire proceeds to my bank account. *(There is a $5 fee for this service. An incoming wire fee may be assessed by your bank.)*

Bank Account Registration *(Please print name(s) on bank account.)*

Name of Banking Institution

Telephone Number of Banking Institution

ACH Routing Number

Bank Account Number

Wire Routing Number *(If different from ACH Routing Number)*

Please Indicate: ☐ Checking ☐ Savings

D. Additional Instructions *(If applicable.)*

E. Signature and Certification

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9.)
This form is only applicable to a former minor who requested a full distribution in Section C.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification number, **and**
2. I am not subject to backup withholding because: (a**)** I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. Resident Alien)

You must cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications above to avoid backup withholding.

By signing this UGMA/UTMA Transfer Authorization to Former Minor Form:

- I/We release Clipper Fund and their representatives from all liability and agree to indemnify them from all losses, damages, or costs for acting in good faith in accordance with instructions, including telephone instructions, written instructions, or internet transactions believed to be genuine. I/We agree to notify Clipper Fund promptly in writing if any information contained herein changes.
- I/We certify that:
  - The former minor has attained the legal age required by the laws of the state under which the assets were gifted or transferred to them;
  - No designation was made by the donor that requires termination of custodianship for the assets to be delayed until the former minor reaches a later age;
  - The former minor has not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to the former minor in the custodial account(s);
  - The former minor is not aware of any competing claims from the custodian or a successor custodian that would prevent the former minor from receiving the assets in the custodial account(s).

X _____ _____
Signature of Former Minor or Custodian***** (*Sign as your name appears on the account statement.)* Date *(MM/DD/YYYY)*

X _____ _____
Signature of Current Legal Name *(If different from above.)* Date *(MM/DD/YYYY)*

****Former minor's signature is required if a full distribution was requested in Section C.***

For Notary Public:	Place Notary Seal Here
State of _____ County of _____ On this _____ day of _____ 20_____, before me, the undersigned Notary Public, _____, personally appeared and proved through satisfactory evidence of Identification to be the person whose name is signed above and acknowledged by: _____ Signature of Notary Public	