

# IRA TRANSFER/ROLLOVER FORM

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

## SECTION 1: Account Information

|  |   |
|--|---|
| <b>Account Number</b>  | <b>Owner's Name (Last, First, Middle Initial)</b> |
| Owner's Social Security Number   | Date of Birth (MM/DD/YY)                          |
| Address of Residence (Required) - P.O. Box not accepted  | City, State, Zip                                  |
| Mailing Address - If different from above (P.O. Boxes accepted)  | City, State, Zip                                  |
| (     )                                      (     )<br>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 6. Attach a copy of the current account statement.

|  |                  |
|--|------------------|
| Type of Plan Being Transferred/Rolled Over   |                  |
| <b>Current Trustee/Custodian/Employer/Plan Administrator</b>   | Account Number   |
| Address of Custodian (Required) - P.O. Box not accepted  | City, State, Zip |
| Mailing Address - If different from above (P.O. Boxes accepted)  | City, State, Zip |
| (     )                                      (     )<br>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 Context 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:

| Fund Name    | Fund Number | Ticker | Amount          | or | Percent    | %        |
|--------------|-------------|--------|-----------------|----|------------|----------|
|              |             |        | \$ _____        |    |            | %        |
|              |             |        | \$ _____        |    |            | %        |
|              |             |        | \$ _____        |    |            | %        |
|              |             |        | \$ _____        |    |            | %        |
| <b>Total</b> |             |        | <b>\$ _____</b> |    | <b>100</b> | <b>%</b> |

- Liquidate ONLY the assets listed below (**For CD's**): Account Number \_\_\_\_\_  Immediately  At maturity on \_\_\_\_\_ date
- Direct Rollover.** Directly rollover my qualified plan distribution to my IRA. I would like a distribution from my qualified plan for the following reason:
  - Termination of Employment
  - Death
  - Plan Termination
  - Attainment of Retirement Age (Typically 59 ½)

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

| Fund Name    | Fund Number | Ticker | Amount          | or | Percent    | %        |
|--------------|-------------|--------|-----------------|----|------------|----------|
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| <b>Total</b> |             |        | <b>\$ _____</b> |    | <b>100</b> | <b>%</b> |

**“In Kind” Transfer.** If the account listed in Section 2 contains shares of the Context Funds family of funds – you may choose to transfer them “In Kind.” To transfer all other assets, they must be liquidated.

| Fund Name    | Fund Number | Ticker | Amount          | or | Percent    | %        |
|--------------|-------------|--------|-----------------|----|------------|----------|
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| <b>Total</b> |             |        | <b>\$ _____</b> |    | <b>100</b> | <b>%</b> |

Make Checks Payable to: Context Funds Client Name \_\_\_\_\_  
 FBO Traditional IRA, SEP IRA, or Roth IRA SSN \_\_\_\_\_

**SECTION 4: Transfer/Rollover Investment Allocation**

I authorize and direct the transfer of the amount indicated in Section 3 to the Context Funds per the below allocation.

You may not transfer from a Roth IRA to a Traditional IRA or a SEP IRA.

Open a new account – I have attached a completed IRA application  Invest in my existing Context Funds IRA account \_\_\_\_\_

**Investment Allocation**

| Fund Name    | Fund Number | Ticker | Amount          | or | Percent    | %        |
|--------------|-------------|--------|-----------------|----|------------|----------|
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| _____        | _____       | _____  | \$ _____        |    | _____      | %        |
| <b>Total</b> |             |        | <b>\$ _____</b> |    | <b>100</b> | <b>%</b> |

**SECTION 5: Authorization/Signatures**

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with the Context 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 Context Funds, I understand and acknowledge that I am responsible for notifying the Context 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 6: Signature Guarantee**

A signature guarantee is required if redeeming within 30 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 7: 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 Context Funds.

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

**Please mail completed form to:**

**Regular Mail:**  
Context Funds  
PO. Box 1920  
Denver, CO 80201

**Overnight Mail:**  
Context 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 844-511-9653.

| For Broker/Dealer Use Only                     |                       |
|--|-----------------------|
|  |                       |
| Broker/Dealer Name                             | Broker/Dealer Number  |
| Representative Name                            | Representative Number |
| Street Address (Street, City, State, Zip Code) |                       |
| Representative Phone Number                    |                       |