

## IRA TRANSFER/ROLLOVER FORM

**IMPORTANT:** If transferring to a new Index 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                                  |
| (     )                      (     )                            |   |
| 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 |
| (     )                      (     )                            |                  |
| 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 Index 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 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 Index Funds.

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

**Please mail completed form to:**

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

**Overnight Mail:**  
Index 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 1-844-GO-INDEX (464-6339).

| 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                    |                       |