

## RETIREMENT ACCOUNT TRANSFER FORM

### SECTION 1: Account Information

Account Number \_\_\_\_\_

Owner \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Phone Evening Phone

E-mail Address \_\_\_\_\_

### SECTION 2: Current Custodian

Current Trustee/Custodian/Employer \_\_\_\_\_

Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone

### SECTION 3: Transfer/Distribution Options

#### Transfer

Please transfer/roll over assets from my account listed in Section 2. This account is a:

- Traditional IRA     Rollover IRA     Qualified R/O IRA     ROTH  
 SEP     SIMPLE     403(b)     Other

I would like to move these assets into the following account:

- New Account (please complete a New Account Application)  
 Existing Account \_\_\_\_\_

#### Investment Allocation

\_\_\_\_\_ \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Fund Name

\_\_\_\_\_ \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Fund Name

\_\_\_\_\_ \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Fund Name

\_\_\_\_\_ \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Fund Name

### SECTION 3: Transfer/Distribution Options (continued)

**In accordance with my custodial agreement or plan document, I hereby authorize my current Trustee/Custodian to deduct any outstanding fees due from my account at the time of transfer.**

#### Qualified Plan Distribution

I would like a distribution from my qualified plan for the following reason(s):

- Termination of Employment     Death     Plan Termination  
 Attainment of Retirement Age (typically 59 ½)

#### "In Kind" Transfers

If the account listed above contains shares of Cullen Funds family of funds – you may choose to transfer them "in kind." To transfer all other assets, they must be liquidated.

**For Certificates of Deposit, redeem:**  Immediately     At Maturity

#### Transfer #1

\_\_\_\_\_ Fund Name/Type of Investment

\_\_\_\_\_ Account Number

- Liquidate     Transfer "In Kind"  
 Entire Account  
 Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %

#### Transfer #2

\_\_\_\_\_ Fund Name/Type of Investment

\_\_\_\_\_ Account Number

- Liquidate     Transfer "In Kind"  
 Entire Account  
 Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %

#### Transfer #3

\_\_\_\_\_ Fund Name/Type of Investment

\_\_\_\_\_ Account Number

- Liquidate     Transfer "In Kind"  
 Entire Account  
 Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %

**SECTION 4: Age 70½ Information**

**Check one of the following:**

I am under the age of 70½ and do not turn 70½ at any time during the calendar year.

or

I am age 70½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

**SECTION 5: Conversion of Traditional IRA to Roth IRA**

Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

**SECTION 6: Authorization/Signatures**

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with Cullen 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 70 ½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to Cullen Funds, I understand and acknowledge that I am responsible for notifying Cullen 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 Signature Date

**SECTION 7: Medallion Signature Guarantee**

To protect yourself against fraud, your signature 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.

A Medallion Signature Guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

- Eligible guarantor's:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - National Securities Exchange & Savings  
(STAMP, SEMP, NYSE-MSP participation)
  - Savings Associations
  - Trust Companies

\_\_\_\_\_  
Medallion Signature Guarantee Stamp (ID Required)

\_\_\_\_\_  
Bank or Dealer Firm

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Officer Signature Date

**SECTION 8: BOKF, NA dba Colorado State Bank and Trust**

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 Cullen Funds.

\_\_\_\_\_  
BOKF, NA dba Colorado State Bank and Trust Date  
Authorized Representative

**Please mail completed form to:**

<b>Mailing Address:</b>	<b>Overnight Address:</b>
<b>Cullen Funds</b>	<b>Cullen Funds</b>
<b>P.O. Box 13584</b>	<b>1290 Broadway, Suite 1100</b>
<b>Denver, CO 80201</b>	<b>Denver, CO 80203</b>

If you have any questions, please contact an Investor Service Representative at 1-877-485-8586.

[www.cullenfunds.com](http://www.cullenfunds.com)