

# IRA DIRECT ROLLOVER REQUEST FORM

## Rational Funds

The **IRA Direct Rollover Request Form** is used to facilitate the direct rollover of assets between a tax-qualified plan and a Traditional or Roth IRA. This form should not be used to facilitate a rollover or direct transfer of assets between IRAs. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

### PART I: IRA OWNER INFORMATION (RECEIVING IRA) (\*DENOTES REQUIRED INFORMATION)

Owner's Name\* (First, M.I., Last)

Date of Birth\*

Social Security Number\*

Street Address (Physical Address)\*

Apt #

City\*

State\*

Zip Code\*

Mailing Address (if different than above)

Apt #

City

State

Zip Code

Daytime Phone\*

Evening Phone

### PART II: DISTRIBUTING PLAN INFORMATION (PLEASE ATTACH A RECENT STATEMENT)

Name of Plan Participant\*

Plan Name/Number\*

Name of Plan Sponsor\*

Plan Sponsor's Phone Number\*

P. O. Box\*

Suite #

City\*

State\*

Zip Code\*

**\*Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

### PART III: ROLLOVER DESCRIPTION (PLEASE ATTACH A STATEMENT)

- Distributing Plan Type (Select One):
- Qualified Plan under IRC Sec. 401(a) (including 401(k) plans)
  - 457(b) Deferred Compensation Arrangement
  - 403(b) Tax Sheltered Annuity (including 403(b)(7) Custodial Accounts)
  - Designated Roth account under a 401(k) or 403(b) plan (Note: Select this option only if you are rolling over assets to a Roth IRA.)
  - Other: \_\_\_\_\_

**\*Note:** Only qualifying distributions from eligible retirement plans defined in IRC Sec. 402(c)(8)(B) are eligible to be rolled over to an IRA.

**PART IV: DIRECT ROLLOVER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this rollover will purchase shares into my existing account as listed below.

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

**Rollover Allocation**

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

**FUND CHOICE:**

Name of Investment	Class A Shares	Institutional Shares	Class C Shares
Rational Dividend Capture Fund	_____	_____	_____
Rational Risk Managed Emerging Markets Fund	_____	_____	_____ N/A _____
Rational Real Strategies Fund	_____	_____	_____ N/A _____
Rational Defensive Growth Fund	_____	_____	_____
Rational Strategic Allocation Fund	_____	_____ N/A _____	_____ N/A _____
TOTAL:	_____	_____	_____

**PART V: LIQUIDATION INSTRUCTIONS**

I authorize and direct the current plan trustee/custodian to liquidate assets as follows (select one).

- Immediately rollover entire balance and send the cash proceeds to the IRA Trustee/Custodian identified below.  
\_\_\_\_\_
- Partially rollover \$ \_\_\_\_\_ of the current plan balance and send the proceeds to the IRA Trustee/Custodian identified below.  
(Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)  
\_\_\_\_\_
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_

**\*Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Rational Funds: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
Rational Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Rational Funds  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208

**PART VI: ACKNOWLEDGEMENT**

By signing this *IRA Direct Rollover Request Form*, I certify that the information I have provided is true and correct. I understand that I am responsible for ensuring I am eligible to authorize this rollover and I assume all responsibilities for any consequences that arise as a result of my actions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues. I elect to irrevocably designate this deposit as a rollover contribution. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I authorize the plan administrator to directly roll over the plan assets as indicated above and certify the plan is qualified under the appropriate section of the Internal Revenue Code.

Signature of IRA Owner:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

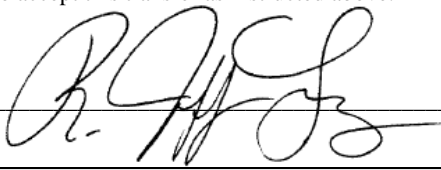
- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**\*Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**PART VIII: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)**

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Signature of IRA Trustee/Custodian Representative: X  \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**

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Indianapolis, IN 46206-6110

**Overnight Delivery**

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Indianapolis, IN 46208