

# IRA TRANSFER/ROLLOVER FORM

**IMPORTANT:** If transferring to a new Brown Capital Management 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 - <i>P.O. Box is not accepted</i>	City, State, Zip Code
Mailing Address - <i>If different from above (P.O. Boxes accepted)</i>	City, State, Zip Code
(      ) 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) - <i>P.O. Box not accepted</i>	City, State, Zip
Mailing Address - <i>If different from above (P.O. Boxes accepted)</i>	City, State, Zip
(      ) Day Phone	(      ) Evening Phone

## SECTION 3: Transfer/Direct Rollover Instructions

I have established an individual retirement account (IRA) with BOKF, NA. Please transfer my assets and follow the instructions below.

I authorize and direct the transfer of the amount stated below to the Brown Capital Management.

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**

To be completed by the Custodian.

This is to inform you that BOKF, NA 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 as Custodian for the Brown Capital Management.

\_\_\_\_\_  
BOKF, NA Authorized Representative Date (MM/DD/YY)

**Please mail completed form to:**

**Regular Mail:**  
Brown Capital Management  
PO. Box 1466  
Denver, CO 80201

**Overnight Mail:**  
Brown Capital Management  
1290 Broadway, Suite 1000  
Denver, CO 80203

**or Fax to 866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-877-892-4BCM (4226).

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	