Riverbridge

IRA TRANSFER REQUEST

Receiving IRA Trustee's or Custodian's Name and Address:

Regular Mail Delivery
Riverbridge Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery
Riverbridge Funds
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

The* IRA Transfer Request *is used to facilitate the transfer of assets between two IRAs. This form should not be used to facilitate a transfer to an Inherited IRA, a rollover of qualified plan assets to an IRA or a conversion of Traditional, SEP or SIMPLE IRA assets to a Roth IRA.
To transfer the account of a deceased shareholder, please use the Inherited IRA Transfer Request form.

PART I: IRA OWNER INFORMATION (RECEIVING IRA)

Name: ______________________________ Taxpayer ID Number: ____________ Date of Birth: __________

Residence Address: ____

Mailing Address: ____

Primary Phone: ______________________ Email Address: ______________________

PART II: CURRENT IRA TRUSTEE/CUSTODIAN INFORMATION

IRA Trustee/Custodian Name: ______________________________ Phone: ____________________

Address: ____

PART III: TRANSFER INSTRUCTIONS

Check the box below to request an IRA-to-IRA transfer.

☐ I request to transfer the current IRA to the receiving IRA as described in Part V. I understand that if there is a required distribution associated with the transferred assets for the current year, it is my responsibility to withdraw the required distribution from the receiving IRA (or another eligible IRA) before the end of the calendar year, if the required distribution was not satisfied prior to the transfer.

PART IV: TRANSFER DESCRIPTION *(Select One)*

☐ Traditional/SEP IRA to Traditional/SEP IRA — Current IRA Account/Plan Number: ____________________

Receiving IRA Account/Plan Number: ____________________

☐ SIMPLE IRA to SIMPLE IRA — Current IRA Account/Plan Number: ____________________

Receiving IRA Account/Plan Number: ____________________

☐ Roth IRA to Roth IRA — Current IRA Account/Plan Number: ____________________

Receiving IRA Account/Plan Number: ____________________

☐ SIMPLE IRA to Traditional/SEP IRA* — Current IRA Account/Plan Number: ____________________

Receiving IRA Account/Plan Number: ____________________

**You may not transfer SIMPLE IRA assets to a Traditional/SEP IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.*

PART V: LIQUIDATION INSTRUCTIONS

I authorize and direct the current IRA Trustee/Custodian to liquidate assets as follows (select one).

☐ Immediately liquidate all assets and send the cash proceeds to the receiving IRA Trustee/Custodian.

☐ Partially liquidate $_________________of the current IRA and send the proceeds to the receiving IRA Trustee/Custodian. (Additional written liquidation instructions may be required.)

☐ Transfer in-kind

☐ Other (describe): ____

PART VI: INVESTMENT SELECTION (RECEIVING IRA)

Name of Investment	Share Class (if applicable)	Allocation
1.		$_______________ or _________%
2.		$_______________ or _________%
3.		$_______________ or _________%
TOTAL		$_______________ or _________%

☐ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART VII: TRANSFER INSTRUCTIONS

☐ By Check:

Make check payable as follows: Riverbridge Funds as Custodian
FBO____ (Name of IRA Owner)
Traditional, SEP, SIMPLE or Roth IRA (as applicable)

Please mail check to:

Regular Mail Delivery
Riverbridge Funds
PO Box 2175
Milwaukee WI 53201-217

Overnight Delivery
Riverbridge Funds
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

☐ By Wire For wire instructions call 888-447-4470

PART VIII: ACKNOWLEDGEMENTS

By signing this *IRA Transfer Request,* I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise resulting from my actions or inactions. I agree to indemnify and hold both the current IRA Trustee/Custodian and the receiving IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice either the current IRA Trustee/Custodian or the receiving IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions or inactions regarding those issues.

Signature of IRA Owner (or other authorized person): ____ Date: __________________

If the owner of the IRA account is a minor, the responsible person designated on the current IRA account needs to sign this form.

PART IX: ACCEPTANCE

By signing below, UMB Bank, n.a, agrees to accept this transfer as instructed above.

Signature of Receiving IRA Trustee/Custodian Representative: ____ Date:_________________

Medallion signature guarantee (if required)

Please check with your current trustee/custodian to determine if a Medallion signature guarantee is required to process this transfer.
A Medallion signature guarantee may be obtained from any eligible guarantor institution. These institutions include U.S. banks, savings associations, credit unions and brokerage firms participating in the Securities Transfer Association Medallion Program. Approved programs currently include STAMP, SEMP and MSP. **A notary public stamp or seal is not acceptable.**