



**IVA FUNDS  
IRA TRANSFER FORM**

PLEASE PRINT ALL ITEMS CLEARLY  
(If this is for a new IRA Account, an IRA Application must accompany this form.)

**Mail To:** IVA Fiduciary Trust  
P.O. Box 8077  
Boston, MA 02266-8077

**Overnight Mail To:** IVA Fiduciary Trust  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021

For additional information, please call toll-free at 1-866-941-4482 or visit us on the web at [www.ivafunds.com](http://www.ivafunds.com).

**IMPORTANT SHAREHOLDER INFORMATION**

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, and/or if you need a signature guarantee in Section Six to order this transfer. **IVA Funds or its agent will initiate your request upon receipt of this form.**

**1. INVESTOR INFORMATION**

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME
<input type="text"/>		<input type="text"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET NUMBER	STREET NAME	APT. # / SUITE
		P.O. BOX
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>		
TELEPHONE NUMBER		

**2. INSTRUCTIONS TO CURRENT IRA CUSTODIAN OR PLAN ADMINISTRATOR**

(PLEASE INCLUDE A COPY OF YOUR CURRENT ACCOUNT STATEMENT.)

<input type="text"/>			
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ACCOUNT NUMBER	CONTACT PERSON	CONTACT TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET NUMBER	STREET NAME	APT. # / SUITE	P.O. BOX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE	

**Consider this your authorization to send my IRA or my distribution from my qualified retirement plan;**

- All Assets
- OR
- \$  OR  %

**Please process this request:**

- Immediately
- OR
- At Maturity  (month/day/year)

**\*Please liquidate all assets if no selections are made.**

Send the check representing the assets payable to the "IVA Funds" along with a copy of this form to:

Mail To: IVA Fiduciary Trust  
FBO [Shareholder Name]  
[Account Number]  
P.O. Box 8077  
Boston, MA 02266-8077

Overnight Mail To: IVA Fiduciary Trust  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021

### 3. ACCOUNT INFORMATION

(AN IVA FUNDS IRA ACCOUNT APPLICATION MUST BE COMPLETED TO PROCESS THIS TRANSFER IF A NEW ACCOUNT IS BEING ESTABLISHED. THE FUND(S) AND THE ALLOCATION(S) SPECIFIED ON THE APPLICATION WILL BE USED IF THEY ARE DIFFERENT FROM THOSE INDICATED BELOW.)

Check the applicable boxes below:

IVA Worldwide Fund

Share Class:  A or  C or  I

New Account	Existing Account	Account # (if applicable)	Dollar Amount (\$)	OR Percentage (%)

IVA International Fund

Share Class:  A or  C or  I

New Account	Existing Account	Account # (if applicable)	Dollar Amount (\$)	OR Percentage (%)

### 4. AGE 70 ½ INFORMATION

Check one of the following:

I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year

OR

I am age 70 ½ or older and understand that no part of my required minimum distribution (RMD) from a Qualified Plan 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. If I have transferred from IRA to IRA, I understand I must act to remove the required minimum distribution by the deadline for the year.

### 5. CONVERSION OF TRADITIONAL IRA TO ROTH IRA / TAXABLE ROLLOVER FROM QUALIFIED PLAN TO ROTH IRA AND WITHHOLDING ELECTION

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

Check here if you are distributing assets from a Qualified Plan as a taxable rollover to a Roth IRA.

**NOTE:** FOR EITHER OF THE ABOVE TAXABLE EVENTS, YOU MAY ELECT TO WITHHOLD TAXES OR TO WAIVE THIS WITHHOLDING. WITHHOLDING INCOME TAXES FROM THE AMOUNT TRANSFERRED (INSTEAD OF PAYING APPLICABLE INCOME TAXES FROM ANOTHER SOURCE) MAY ADVERSELY IMPACT THE EXPECTED FINANCIAL BENEFITS OF TRANSFERRING FROM ANOTHER IR TO A ROTH IRA (CONSULT YOUR FINANCIAL ADVISER IF YOU HAVE A QUESTION). BECAUSE OF THIS IMPACT, BY ELECTING TO MOVE ASSETS TAXABLY TO A ROTH IRA, YOU ARE DEEMED TO ELECT NO WITHHOLDING **UNLESS** YOU CHECK THE BOX BELOW. IN SO DOING, BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU MAY BE REQUIRED TO PAY ESTIMATED TAX AND THAT INSUFFICIENT PAYMENTS OF ESTIMATED TAX MAY RESULT IN PENALTIES.

Withhold 10% for federal income taxes (if you would like a greater percentage, please indicate here: \_\_\_\_\_%)

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## 6. SIGNATURE & CERTIFICATION

I certify that I have established an IRA or an inherited IRA with the IVA Funds, of which State Street Bank and Trust Company is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize State Street Bank and Trust Company to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets or direct rollover.

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*Signature of Depositor*

*Date*

**Medallion signature guarantee (only if required by current custodian or trustee)**

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**NOTE:** A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, clear agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide signature guarantees.

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## 7. ACCEPTANCE / CUSTODIAN AUTHORIZATION

State Street Bank and Trust Company hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in an IVA Funds IRA on behalf of the Depositor authorizing the transfer or direct rollover.

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*Signature of Custodian*

*Date*

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### BEFORE YOU MAIL, HAVE YOU:

- Completed an IRA Account Application if the transfer or direct rollover is going to a new account?
- Included documents from your current custodian or plan administrator, if required?
- Signed this form in Section 6?
- Consulted with your current custodian about any applicable fees or penalties and whether or not you need a signature guarantee?
- Consulted with a tax advisor about your eligibility for and the tax consequences of a Conversion from a Traditional IRA to a Roth IRA or a taxable rollover from a Qualified Plan to a Roth IRA?

