



# Non-Retirement Transfer Form

## CLASS A AND CLASS C SHARES

Please use one form for each account being transferred. If you are establishing a new account, please return this form along with your completed Fund of Funds Lp Account Application.

A transfer request received prior to the close of regular trading on the New York Stock Exchange (normally 4:00 p.m., Eastern time) will be effected that day. A transfer request received after the close of regular trading on the NYSE becomes effective on the next business day.

The following information **MUST** be completed:

### 1. Personal Information

Name (First, Middle Initial, Last) \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Name (If Joint Account) \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### 2. Delivering Account Information (Please refer to your statement for the following information)

Registered Account Name \_\_\_\_\_

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

Fund Name \_\_\_\_\_

Fund Number/CUSIP/Ticker \_\_\_\_\_ Firm Phone number \_\_\_\_\_

Delivering Firm Name \_\_\_\_\_

Delivering Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### 3. Investment Instructions

New Account (Fund of Funds Lp Account

Application attached) Provide existing account number: \_\_\_\_\_

## 4. Transfer

Transfer the proceeds directly to my Fund of Funds Lp Funds Account  Immediately  At Maturity I understand that there may be fees and/or penalties if I opt to transfer an investment before maturity.

Signature of Owner X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner X \_\_\_\_\_ Date \_\_\_\_\_

(If multiple account owners, all must sign.)

## 5. Signature Validation (if applicable)

Your current Firm or Fund Company may require your signature to be Medallion Signature Guarantee or Signature Validation Program Stamped. Call them for requirements to avoid delays. Medallion Signature Guarantee or Signature Verification Program Stamped by:

**Medallion Signature Guarantee or Signature Validation Program Stamp:**

By:

Name of Guarantor \_\_\_\_\_

Title of Guarantor \_\_\_\_\_

Signature of Owner X \_\_\_\_\_ Date \_\_\_\_\_

## 6. Establishment of Account by Fund of Funds Lp Funds

Fund of Funds Lp Funds has established the account referenced in Section 3 and requests the transfer of non-retirement dollars as indicated above in Section 3. To ensure proper crediting, make check payable to:

Fund of Funds Lp Family of Funds and reference the following:

\_\_\_\_\_

(Name of Fund)

Account of (Participant's Name)

Participant's account number

\_\_\_\_\_  
Authorized signature of Fund of Funds Lp Funds

\_\_\_\_\_  
Date

**FOR BANK USE ONLY**

\_\_\_\_\_  
Bank Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Bank Representative I.D.