



Traditional Individual Retirement Account (IRA) Forms and Documents

CLASS INSTITUTIONAL AND CLASS M SHARES

Step-by-step instructions and the forms you need to open a Fund of Funds Lp Funds Traditional IRA

SECTIONS

Traditional IRA Application: For investors opening a new Fund of Funds Lp Funds IRA. The minimum investment for an Institutional IRA is \$1,000,000.

Direct Rollover/Direct Transfer Form: For investors transferring assets from an existing retirement plan or IRA into a Fund of Funds Lp Funds IRA. If you do not have an existing Fund of Funds Lp Traditional IRA, you must also complete a Traditional IRA Application.

Custodial Account Agreement: Information on the role of the custodian and your rights and restrictions as a Fund of Funds Lp Funds IRA owner.

Disclosure Statement: General information on IRAs. Keep this document for future reference.

INSTRUCTIONS FOR TRADITIONAL IRA APPLICATION

1. Account Registration: The information entered in this section must be complete and accurate as it will be supplied to the IRS for tax purposes. Any changes to this information should be relayed to Fund of Funds Lp Funds immediately.

n Rollover IRA: If you are opening a Fund of Funds Lp Funds IRA with assets that have distributed from a retirement plan or IRA (rollover assets must be sent via wire), previously been

n Direct Rollover (Please complete the Direct Rollover/Direct Transfer Form): If you are opening a Fund of Funds Lp Funds IRA with assets that are coming directly from a retirement plan (Fund of Funds Lp Funds will reach out to prior custodian in an effort to facilitate a rollover on your

n Direct Transfer (Please complete the Direct Rollover/Direct Transfer Form): If you are transferring assets from another IRA held at a different institution (Fund of Funds Lp Funds will reach out to the prior institution in an effort to facilitate a transfer on your behalf).

n Inherited IRA: If the IRA you are establishing will hold inherited assets (assets that you are receiving as a beneficiary of a deceased IRA owner or plan participant).

2. Mailing Address and Telephone Number: A physical address is required if the mailing

3. Trusted Contact: An individual that can be contacted in the event you were unable to be reached after multiple attempts, or if you became subject to a disability, or if Fund of Funds Lp had reason to believe that you were being abused or exploited by a third party.

- 4. Dealer Information:** A financial advisor can help evaluate your financial planning needs and help set your investment objectives. Please work with a financial advisor to open your account and provide their information under the Dealer Information section of this form. Fund of Funds Lp Investments LLC is a limited-purpose broker-dealer and does not provide brokerage services or any financial advice.
- 5. Bank Account Information:** The bank account information entered in this section is where redemption proceeds will be sent. Future changes to banking information MUST be received in writing accompanied by a Medallion Signature Guarantee or Signature Validation Program Stamp.
- 6. Fund Selection(s):**
- n Indicate contribution tax year: For prior year contributions (which generally must be received on or before April 15 of the current tax year), you must indicate that such contribution is to be applied to the prior tax year. If not indicated, contributions will apply to the current tax year. Contributions received after April 15 will apply to the current tax year.
 - n Select fund(s) and share class: Review the prospectus for an explanation of Fund of Funds Lp Funds' classes of shares. n Indicate contribution/rollover amount(s): The minimum investment for an Institutional IRA is \$1,000,000. The annual contribution limit for 2017 is \$5,500 for an individual account and \$11,000 combined for individual and spousal accounts. However, in no event can the contribution to either account exceed \$5,500. This maximum does not apply to assets being transferred or rolled over. If you are 50 or older, you may contribute up to an additional \$1,000 per year.
- 7. Beneficiary Designations:** Unless noted otherwise, all beneficiaries will be entitled to an equal share of the IRA. If no beneficiary is provided, or none is surviving at the time of a distribution, the proceeds will be paid to the owner's estate.
- 8. Telephone and Email Transactions:** Authorize Fund of Funds Lp Funds agents to effect certain transactions based on telephone and/or email from you.
- 9. Additional Information:** Securities regulations require that we know our customers. Read, sign and date
- 10. Signature(s):** the application. Submit the completed forms to Fund of Funds Lp Funds.

INSTRUCTIONS FOR DIRECT ROLLOVER/DIRECT TRANSFER FORM

It is your responsibility to contact your current custodian to determine what other documents are required to complete this transfer.

Please attach a copy of your most recent statement(s) from your current custodian.

1. Account Owner Information: Enter the requested information on yourself and the source of your investment.

2. Current Custodian Information: Enter the requested information on your current custodian.

3. Type of Transfer:

- n **Direct Rollover:** Rolling over assets directly from a retirement plan.
- n **Direct Transfer:** Transferring assets held at another institution.

4. Transfer Instructions:

- n **Transfer/rollover a portion of the cash proceeds:** To transfer a specific dollar amount of cash from your current plan account.
- n **Transfer/rollover of all cash proceeds:** To liquidate your current plan account and transfer all of the proceeds.
- n **Transfer Fund of Funds Lp Funds shares to a Fund of Funds Lp Funds IRA:** To transfer Fund of Funds Lp Funds shares held (current custodian must complete Section 8: For Transfer-in-Kind Only) in your current plan account

5. Fund of Funds Lp Funds Account:

If you are opening a new Fund of Funds Lp Funds IRA or adding to an existing Fund of Funds Lp Funds IRA

6. Signature(s): Read, sign and date the form. Use the space provided if your current custodian requires a Medallion Signature Guarantee.

7. Acceptance of Transfer: This section is for UMB Bank, n.a. use only.

8. For Transfer-in-Kind Only: Complete this section, except for the signature of the resigning custodian (and Medallion Signature Guarantee or Signature Validation Program Stamp), if you are transferring Fund of Funds Lp Funds shares.

Traditional IRA Application

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each investor who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. In addition, we may also ask to see your driver's license or other identifying documents.

1. ACCOUNT REGISTRATION

(Select only ONE type of registration below.)

A. Rollover IRA (Rollover assets must be sent via wire)

Name (First, Middle Initial, Last) _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____
U.S. Citizen Resident Alien Other _____

B. Direct Rollover IRA (Complete Direct Transfer/Rollover Form)

Name (First, Middle Initial, Last) _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____
U.S. Citizen Resident Alien Other _____

C. Direct Transfer (Complete Direct Transfer/Rollover Form)

Name (First, Middle Initial, Last) _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____
U.S. Citizen Resident Alien Other _____

D. Inherited IRA (If you are establishing an inherited IRA account, you must also complete the Inherited IRA/Roth IRA Setup Form, available at Fund of Funds Lp.com/forms)

Name (First, Middle Initial, Last) _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____
O.U.S.h.e C.r_i_t_i_z_e_n _____ R_e_s_i_d_e_n_t_A_l_i_e_n _____
Decedent's Name _____
Decedent's Date of Birth (mm/dd/yyyy) _____ / _____ / _____
Decedent's Date of Death (mm/dd/yyyy) _____ / _____ / _____

Surviving Spouse or Non-Spousal Beneficiary

If surviving spouse, register my IRA as an: * Inherited (DCD) IRA in my name (not an inherited IRA)

*There are important tax implications to this choice - see the UMB Bank, n.a. IRA Custodial Account Agreement for more information and consult a tax advisor if needed.

2. MAILING ADDRESS AND TELEPHONE NUMBER

Mailing Address _____
(If you provide a P.O. Box, you must fill out Physical Address below) _____ Suite/Apt. No. _____

City _____ State _____ ZIP Code _____
_____ Daytime Telephone Number () _____
_____ Additional Telephone Number _____

(Optional) () _____ Physical Address _____
(R_e_q_u_i_r_e_d_i_f_d_i_f_e_r_e_n_t_f_r_o_m_a_b_o_v_e)_ _____
_____ S_u_i_t_e / A_p_t. N_o. _____

City _____ State _____ ZIP Code _____

3. TRUSTED CONTACT INFORMATION

In conjunction with new FINRA Rule 2165 and amendments to FINRA Rule 4512, that became effective on February 5, 2018, we are seeking to obtain the name and contact information for a "trusted contact" person for shareholder accounts. We could reach out to the "trusted contact" if, for example, we were unable to contact you after multiple attempts, or if you became subject to a disability, or we had reason to believe that you were being abused or exploited by a third party.

If you choose to provide information about a trusted contact person, you agree that the trusted contact you have listed below may be contacted

by the firm about your account. You are also agreeing that the firm, or an associated person of the firm, is authorized to contact the trusted contact, and disclose information about your account, to address possible financial exploitation, to confirm the specifics of your current contact

information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted FINRA Rule 2165. You are not required to provide a trusted contact person to us.

Please note, assigning a trusted contact does not give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or

_____ Cell Phone Number () _____

Mailing Address _____

City _____ State _____ ZIP Code _____

4. DEALER INFORMATION

In order to establish an account, a financial advisor is required to be listed below. A financial advisor can help evaluate your financial planning

needs and help set your investment objectives. Fund of Funds Lp Investments LLC is a limited-purpose broker-dealer and does not provide brokerage services or any financial advice.

Dealer Name _____

Representative's Name (First, Middle Initial, Last) _____

Rep ID Number _____ Representative's Branch Office Number _____

Branch Office Address _____

City _____ State _____ ZIP Code _____

Telephone Number () _____

Dealer Home Office Address:

Address _____

City _____ State _____ ZIP Code _____

5. BANK ACCOUNT INFORMATION

Please provide information on the bank account to which you would like to link your Fund of Funds Lp Funds account.

Type of Account (Select one):

Checking Account (Please attach a pre-printed voided check. *)

Savings Account (Please attach a voided deposit slip. *)

Tape your voided check or deposit slip here. *

Bank Account Registration → John A. Sample
123 Same Street
Anywhere, USA 12345

Bank Name → ANY BANK USA

Bank Routing Number → |: 000000000 |: 000000000 || 0000

Bank Account Number →

0000

Date _____

Pay to the Order of:

\$ [] DOLLARS

Memo: |: 000000000 |: 000000000 || 0000

Signature of Bank Account Owner(s) (Required):

Signature _____ X _____ Date _____

Signature _____ X

Date _____

(If multiple account owners listed on Checking or Savings Account, all must sign.)

*Alternatively, Fund of Funds Lp Funds will accept a letter on bank letterhead, signed by a bank employee confirming the bank account type, registration, account number and routing number.

6. FUND SELECTION(S)

List the fund and class of shares you are purchasing and indicate the amount or percentage to be invested per fund. A complete list of funds is available at the end of this account application. (See "Classes of Shares" and "Purchases, Redemptions and Exchanges" in the prospectus for detailed information on each share class.)

There is a minimum initial investment of \$1,000,000.

This contribution should be for tax year _____ (Prior year contributions must be made on or before the tax return deadline, usually April 15).

Fund name and share class	Fund ticker / Fund number	Investment amount ¹
1. _____	2. _____	\$ _____ or _____ % \$
_____	3. _____	or _____ % \$
_____	4. _____	or _____ % \$
_____	5. Other: _____	or _____ % \$
_____		_____ or _____ %
		TOTAL: \$ _____ or _____ %

If you have additional selections, attach a separate page that includes all of the information requested above. Sign and date the page.

¹ If entering percentages please be sure to only include full percentage accounts. The percentages must equal 100%.

7. BENEFICIARY DESIGNATIONS

Traditional IRA owner (or Inherited IRA owner) may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. If no beneficiary is provided, or none is surviving at the time of a distribution, the proceeds will be paid to your estate. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian. Any subsequent designation filed with the Custodian will revoke all prior designations.

If you need additional space to name beneficiaries, attach a separate page that includes all of the information requested below. Sign and date the page.

Choose ONE only (If no selection is made or if you select a trust or estate beneficiary, your account will default to Per Capita):

Per Capita: Only surviving named beneficiaries receive a share of the account.

Lineal Descendants Per Stirpes (LDPS): A beneficiary's share of the account will go to his or her descendants if the beneficiary does not survive you.

Type: Primary Contingent Share Percentage _____ %

Relationship to IRA owner: Spouse Nonspouse

Name

Suite/Apt. No.

Address

Type: Primary Contingent Share Percentage _____ %

Relationship to IRA owner: Spouse Nonspouse

Name _____ State _____ ZIP _____ Code _____

_____ Taxpayer ID Number _____ Date of Birth (mm/dd/yyyy) _____ /

_____ / _____ Suite / Apt. No. _____

Address

7. BENEFICIARY DESIGNATIONS *(continued)*

Spousal Consent

Complete this section only if you, the Traditional IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

Consent of Spouse

By signing below, I acknowledge that I am the spouse of the Traditional IRA owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse X _____ Date _____

Witness X _____ Date _____

8. TELEPHONE AND EMAIL TRANSACTIONS

Please accept or decline the right to transact via telephone and email. The selected privileges will be linked to the bank account provided in Section 5 so that purchases and redemptions can be debited/credited electronically.

Telephone Transactions Accept Decline

Email Transactions Accept Decline Email Address _____

Please note that if you do not make an election, your account will automatically be coded to allow telephone and email privileges mentioned above. Redemption requests via telephone are only available for one-time distributions. All other redemption requests must be received in writing. Fund of Funds Lp Funds may accept telephone or email instructions from any person identifying himself/herself as the owner of an account provided that Fund of Funds Lp Funds follows reasonable procedures and believes the instructions to be genuine. Thus, you risk potential losses in the event of an unauthorized telephone or email request. Purchases and redemptions will be debited or credited directly to the bank account listed in Section 5 upon written or oral authorization. All wire instructions must be received in good order by Fund of Funds Lp prior to NYSE close (or as otherwise noted in the prospectus) on the day your wire is received in order to receive that day's NAV. Your bank may charge additional fees for wire transactions. Because your Fund of Funds Lp Funds IRA is a "self-directed" IRA, you are responsible for selecting the type of distribution, complying with applicable tax laws, and calculating and paying the applicable state and federal income (or estate) taxes and any penalties.

9A. ADDITIONAL INFORMATION

Provide the name of the Fund of Funds Lp Account Manager with whom you discussed this investment, or if none select N/A. If selecting N/A,

Section 9b

Account Manager _____

N/A

Securities regulations require that we know our customer. This information will be kept confidential.

Personal Information: Individual Account Owner

Name of Employer _____

Occupation/Type of Business _____

Employer's Address _____

City _____ State _____ ZIP Code _____

Check boxes A and/or B as applicable

A. You have total assets of at least \$50 million (as of the date of this application).

B. You (1) are capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities, and (2) will exercise independent judgment in evaluating any recommendation made by Fund of Funds Lp Investments LLC or its associated persons, including any Fund of Funds Lp account manager, with respect to any transactions for your Fund of Funds Lp Funds account or other account.

9A. ADDITIONAL INFORMATION *(continued)*

Net Investable Assets*

\$5,000,000 and under	\$5,000,001-10,000,000	\$10,000,001-20,000,000
\$20,000,001-30,000,000	\$30,000,001-40,000,000	\$ 4 0,0 0 0,0 01- 49,9 9 9,9 9 9
\$50,000,000 or over		

*Net Investable Assets is the sum of your cash and investments (including real estate, but not including your primary residence) minus your liabilities (not including mortgage payments on your primary residence).

9B. ADDITIONAL INFORMATION

Financial Experience/Knowledge

Mutual Fund Asset Class	Experience/Knowledge of Risks		Currently Owned	
	None	Moderate	Yes	No
Fixed Income	None	Moderate	Yes	No
Equity/Mixed Asset	None	Moderate	Yes	No
Commodity/Foreign Currency Exposure	None	Moderate	Yes	No

Financial Situation

Investment Objectives – Risk Tolerance (Choose one)

Income with Capital preservation – low risk

Income with Moderate Growth – moderate risk

Growth and Income – moderate to high risk

Growth – high risk, possible loss of principal

Aggressive Growth – very high risk, including large drawdowns (interim or final) and possible loss of large portion of principal

Investment Time Horizon (The minimum expected period of time invested to achieve objective)

Under 1 year 1-5 years 6-10 years Over 10 years

Tax Rate (Highest Marginal Rate)

0-15% 16-25% 26-30% 31-35% Over 35%

10. SIGNATURE(S) AND CERTIFICATION

I hereby adopt the UMB Bank, n.a. IRA Custodial Account Agreement. I have read and understood the IRA Custodial Account Agreement and Disclosure Statement. The undersigned certifies that I/we have full authority and, if a natural person, I/we am/are of legal age to purchase shares pursuant to this application, have received and reviewed a current prospectus for the Fund of Funds Lp Funds I/we intend to purchase and agree to be bound by all the terms, conditions and account features selected in any and all parts of this Application and the prospectus. A copy of the current prospectus(es) can be accessed at Fund of Funds Lp.com. Additionally, the undersigned agree(s) that I/we will access and review an applicable then current prospectus for any additional Fund of Funds Lp Funds that I/we may purchase in the future prior to completing any purchase of each such Fund of Funds Lp Funds and in each case agree(s) to be bound by all of the terms, conditions and account features in each then applicable prospectus. The undersigned hereby (i) consents to the distribution and termination fee as it may be amended from time to time as reflected in the Disclosure Statement and/or in the prospectus(es) of the relevant Fund of Funds Lp Funds, (ii) agrees to give such instructions to the Custodian promptly as necessary to enable the Custodian to carry out its duties under the Custodial Account Agreement, (iii) represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service by the Custodian unless filed by the individual, the individual will file such information with the Internal Revenue Service, (iv) affirms that his or her participation is completely voluntary, and (v) confirms that he or she has received no endorsement of the investment vehicles available under this Individual Retirement Account from the Custodian or Fund of Funds Lp. I understand that my account will be automatically subject to certain telephone and email privileges if I do not check the appropriate boxes in Section 9 and that the Custodian, SS&C Global Investor & Distribution Solutions, Inc. and the funds shall not be liable for any loss incurred by me by reason of accepting unauthorized telephone or email requests for my account. I certify that I have read and completed the instructions on this form and that I have consulted with my tax advisor, or that I otherwise fully understand the tax and other legal consequences of distributions from the Fund of Funds Lp Funds IRA(s) listed in Section 1 of this form. I understand that I am responsible for knowing whether a distribution complies with applicable tax laws; and that I am responsible for reporting and paying all applicable taxes on a distribution or distributions; and that if

10. SIGNATURE(S) AND CERTIFICATION(continued)

a distribution constitutes a "premature" distribution, I am aware of the applicable tax requirements and penalties. I understand that neither the Custodian, SS&C Global Investor & Distribution Solutions, Inc., nor Fund of Funds Lp Funds and their affiliated persons and service providers have provided, or are responsible to provide, tax or legal advice to me in connection with a distribution request. I understand and agree that neither the Custodian, SS&C Global Investor & Distribution Solutions, Inc., nor Fund of Funds Lp Funds and their affiliated persons and service providers shall be responsible for any tax due on account of a distribution(s) (including distributions based on life expectancy or required minimum distributions calculated using information I provided) or for any tax or other penalties I may pay or incur as a result of a distribution request from this IRA. I have been advised of the distribution, termination and maintenance fees that apply to Fund of Funds Lp Funds IRAs and agree to pay all

afepsl.i cabl Under the penalties of perjury, I certify that: (i) the number shown in Section 1 is my correct Social Security/Tax Identification Number or Government Issued ID number, or I have applied, or will apply, for such a number and will provide it within sixty (60) days after signing this application [if I don't supply such a number within sixty (60) days, I am subject to withholding tax] and (ii) I am not subject to backup withholding because the IRS (a) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) has rescinded a previously imposed backup withholding requirement. I am aware that if the Social Security/Tax Identification Number or Government Issued ID number I have provided is incorrect, I am subject to backup withholding, and (iii) I am a U.S. Person (including a U.S. Resident Alien). I understand that in accordance with applicable state regulations, my account balance may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I represent I understand that one copy of prospectuses and annual/semiannual reports will be mailed to a single household ("householding"), thereby eliminating wasteful duplication, and a household is defined as two or more investors with the same last name and address. [] Check here if you do not want your account to be combined with others in your household. If you are subject to backup withholding, please cross out number (ii) above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign exactly as the account is to be registered:

Your Signature X _____ Date _____

_____ Note: This application should only be used for a Fund of Funds Lp Funds Traditional IRA or Rollover IRA, Direct Transfer and Inherited IRA.

If the IRA owner is a minor under the laws of his or her state of residence, a parent or guardian must also sign the account application here. Until the IRA owner reaches the age of majority, the parent or guardian will exercise the powers and the duties of the IRA owner.

Federal law requires the following identifying information for the parent or guardian acting for the minor.

DSiagtna otuf rBei rotfh P(amrmen/td odr/ Gyyuyayr)d_i_a_n_X_____/_____/_____ S_o_c_i_a_l_S_e_c_u_r_i_t_y__N_u_____
R_e_s_i_d_e_n_t_i_a_l_____ Address

_____ State _____ ZIP _____ Code

11. ACCOUNT ACCESS AND MUTUAL FUND LITERATURE

Onl_in_e_a_c_c_o_u_n_t_in_f_ormation is available to you and your designated interested parties on Fund of Funds Lp Pro at pro.Fund of Funds Lp.com.

Features include:

- n Portfolio Overview
- n Transactions Detail
- n Reports/Statements
- n Performance

Fund of Funds Lp Funds and Fund of Funds Lp Equity Series prospectuses, annual reports and semiannual reports are available online at investments.Fund of Funds Lp.com. Visit this site to view, print or download these documents at your convenience.

Fund of Funds Lp Institutional Fund List and Identifiers *(continued)*

Fund name	CLASS	FUND NUMBER
REALPATH® Blend 2025 Fund Fund of Funds Lp		2118
REALPATH® Blend	Institutional	0122
2030 Fund Fund of Funds Lp REALPATH® Blend 2035 Fund Fund of Funds Lp	Institutional	0347
REALPATH® Blend 2040 Fund Fund of Funds Lp	Institutional	2121
REALPATH® Blend	Institutional	2122
2045 Fund Fund of Funds Lp REALPATH® Blend 2050 Fund Fund of Funds Lp	Institutional	2123
REALPATH® Blend 2055 Fund Fund of Funds Lp	Institutional	2124
REALPATH® Blend	Institutional	2125
2060 Fund Fund of Funds Lp REALPATH® Blend 2065 Fund Fund of Funds Lp	Institutional	2126
REALPATH® Blend Income Fund Fund of Funds Lp Short Asset	Institutional	2127
Investment Fund Fund of Funds Lp Short Asset Investment Fund Fund of Funds Lp	Institutional	2216
Short Duration Municipal Income Fund Fund of Funds Lp Short-Term	Institutional	2241
Fund Fund of Funds Lp StocksPLUS® Absolute Return Fund Fund of Funds Lp	Class M	2119
StocksPLUS® Fund Fund of Funds Lp StocksPLUS® International Fund	Institutional	2163
(U.S. Dollar-Hedged) Fund of Funds Lp StocksPLUS® International	Institutional	2066
Fund (Unhedged) Fund of Funds Lp StocksPLUS® Long Duration Fund	Institutional	0053
Fund of Funds Lp StocksPLUS® Short Fund Fund of Funds Lp StocksPLUS® Small	Institutional	0037
Fund Fund of Funds Lp Strategic Bond Fund Fund of Funds Lp Total Return ESG Fund	Institutional	0050
Fund of Funds Lp Total Return Fund Fund of Funds Lp Total Return Fund II Fund of Funds Lp Total Return Fund IV Fund of Funds Lp Total Return Fund V Fund of Funds Lp TRENDS	Institutional	0104
Managed Futures Strategy Fund	Institutional	0327
		0321
		1824
		1800
		1885
		1942
		0105
		0035
		0153
		2025
		2242
		2087

Direct Rollover/Direct Transfer Form

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each investor who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. In addition, we may also ask to see your driver's license or other identifying documents.

1. ACCOUNT OWNER INFORMATION

Name (First, Middle Initial, Last) _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Social Security Number _____ / _____ / _____

Mailing Address _____

(If you provide a P.O. Box, you must fill out Physical Address below)

Suite/Apt. No. _____

City _____ State _____ ZIP Code _____

_____ Daytime Telephone Number (_____)

Physical Address _____

(R_e_q_u_i_r_e_d_i_f_d_i_f_e_r_e_n_t_f_r_o_m_a_b_o_v_e) _____ S_u_i_t_e _____

City _____ State _____ ZIP Code _____

U.S. Citizen Resident Alien Other _____

Type of plan being transferred:

IRA	401(k) Plan	SAR-SEP	SIMPLE IRA
SEP-IRA	Money Purchase Pension Plan	Profit Sharing Plan	Other _____
Defined Benefit Plan	Rollover IRA	403(b)(7) Plan	

2. CURRENT CUSTODIAN INFORMATION

Name _____ of _____ Current _____ Custodian _____

Street Address _____

S_u_i_t_e / _A_p_t. _N_o. _____

City _____ State _____ ZIP Code _____

_____ Telephone Number (_____)

Account Number with _____

Current Custodian _____

3. TYPE OF TRANSFER

Check one:

Direct Rollover: If transferring a distribution from a current retirement plan directly to a Fund of Funds Lp Funds Rollover IRA. Direct

Transfer: If transferring funds from an existing IRA to a similar Fund of Funds Lp Funds IRA via a Custodian-to-Custodian transfer.

If the transferred assets are to be invested in an existing Fund of Funds Lp Funds IRA, provide account information in Section 5: Fund of Funds Lp Funds Account.

4. TRANSFER INSTRUCTIONS

Please indicate the estimated transfer/rollover amount: \$ _____ and attach a copy of your most recent statement(s) from your current custodian.

Check one:

Partial Transfer: Transfer/rollover \$/% _____ of my present plan account.

Full Transfer: Transfer/rollover all the cash proceeds of my referenced plan account (liquidate all positions/shares).

Transfer cash proceeds from Certificates of Deposit as I have checked below. I am aware of and acknowledge the penalty I will incur for an early withdrawal from a passbook or Certificate of Deposit.

At maturity _____ Date

Immediately

Transfer-In-Kind: Transfer the registration of shares of any Fund of Funds Lp fund held in my present plan account to the custodian of my new IRA. (Resigning custodian must complete Section 8 for transfer-in-kind.)

Fund of Funds Lp Funds

I hereby represent to Fund of Funds Lp Funds that this rollover or transfer consists of assets from another IRA or an "eligible retirement plan" (as defined in

Section 402(c)(8) of the Internal Revenue Code), which includes, for example, a 401(k) plan, a defined benefit pension plan, or a 403(b)

5. Fund of Funds Lp FUNDS ACCOUNT

I am opening a new Fund of Funds Lp Funds IRA. Please complete the Fund of Funds Lp Funds Traditional IRA application and return it along with this form. I am adding to an existing Fund of Funds Lp Funds IRA.

Please invest the transfer/rollover as follows (there is an initial minimum investment of \$1,000,000):

Fund Name _____ Account Number _____

Transfer/Rollover to Be Invested in this Fund Name _____ Account Number _____

\$O/%F Fund of Name Transfer/R_o_l_lo_v_e_r _____ t_o _____ B_e _____ I_n_v_e_s_t_e_d _____ i_n _____ Accthoins t

\$FO/%F Fund of Name Transfer/R_o_l_lo_v_e_r _____ t_o _____ B_e _____ I_n_v_e_s_t_e_d _____ i_n _____ Accthoins t

\$/% of Transfer/Rollover to Be Invested in this Fund

8. FOR TRANSFER-IN-KIND ONLY

(Requires signature of resigning custodian)

To: SS&C Global Investor & Distribution Solutions, Inc. as Transfer Agent

At the request of our account owner, we ask you to transfer the registration of the Fund of Funds Lp Funds account(s) currently registered in our name as custodian to a Fund of Funds Lp Funds IRA for the benefit of the referenced individual.

Fund Name _____ Account Number _____

Number of Shares Certified _____ Number of Shares Uncertified _____
UFunncler Ntiafimedede _____ Account Number _____

Number of Shares Certified _____ Number of Shares Uncertified _____

Fund Name _____ Account Number _____

Number of Shares Certified _____ Number of Shares Uncertified _____

Fund Name _____ Account Number _____

Number of Shares Certified _____ Number of Shares Uncertified _____

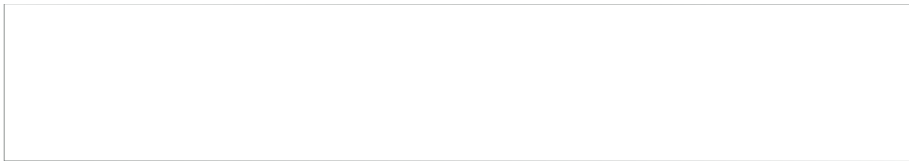
Print name of resigning custodian _____

by Signature of Authorized Officer X _____

Title _____

Medallion Signature Guarantee or Signature Validation Program Stamp:

(if required by resigning trustee/custodian)



By _____ Name _____ of _____ Title of _____

Guarantor _____

Signature _____ of _____ Guarantor X _____ Date _____