

ACCESSOR

IRA TRANSFER/DIRECT ROLLOVER REQUEST

ACCESSOR FUNDS

ACCESSOR FUNDS ACCOUNT INFORMATION

Name _____ Account Number _____
Address _____
City _____ State _____ Zip _____
Day Phone _____ Home Phone _____
Social Security # _____ Birthdate _____

- Deposit Transfer/Rollover proceeds to my existing Accessor Funds IRA Account noted below:
Accessor Funds Account Number: _____
OR
 Open a new Accessor Funds IRA. (Please attach a completed IRA Account Application).

CURRENT CUSTODIAN INFORMATION

Current Custodian _____ Phone # _____
Address _____ State _____ Zip _____

TRANSFER INSTRUCTIONS

Current Custodian Account Type : (date opened: _____)

Accessor Funds Account Type

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> IRA | <input type="radio"/> 401k | <input type="radio"/> Trad IRA | <input type="radio"/> 401k |
| <input type="radio"/> Roth IRA | <input type="radio"/> 403b | <input type="radio"/> Roth IRA | <input type="radio"/> Pension Plan |
| <input type="radio"/> Simple IRA | <input type="radio"/> Pension Plan | <input type="radio"/> Simple IRA | <input type="radio"/> Profit Sharing |
| <input type="radio"/> Beneficiary IRA | <input type="radio"/> Profit Sharing | <input type="radio"/> Beneficiary IRA | <input type="radio"/> Other |

ASSET NAME	QUANTITY	INSTRUCTIONS*	ACCOUNT NUMBER
	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Transfer in Kind <input type="radio"/> Liquidation	
	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Transfer in Kind <input type="radio"/> Liquidation	
	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Transfer in Kind <input type="radio"/> Liquidation	

* Transfer in kind applies for Accessor Funds only

To current Custodian: If I elect a Direct Rollover of my eligible retirement distribution to my Accessor Funds IRA, I understand that this is an irrevocable election. Further, I understand that Rollover proceeds must be delivered in the form of a check. Please liquidate my IRA per the above instructions and transfer to my Accessor Funds IRA. I intend to avoid constructive receipt of the liquidation proceeds, and I understand that you may assess fees or penalties for liquidation.

- I am over 70 1/2 . Please do not include my required minimum distribution for the current calendar year in the transfer.

ACCOUNT HOLDER SIGNATURE

Account Holder Signature _____ Date _____

MEDALLION GUARANTEE

Complete only if required by existing Custodian

Name of Bank or Dealer Firm _____
Signature & Title of Officer _____ Date _____

medallion signature guarantee stamp

PAYMENT INSTRUCTIONS

BY FED-WIRE

ABA #011000028
State Street Bank and Trust
Boston, MA
Credit to ALPS Fund Services
F/B/O Accessor Funds, Account 00485177
For further credit to F/B/O

Your name _____

Accessor Funds Account # _____

BY CHECK

Payable to *Accessor Funds IRA F/B/O*

Your name _____

Accessor Funds Account # _____

Please write "IRA Transfer" or "Direct Rollover" on the check. Do not include after tax contributions or required minimum distributions.

Mail to: Accessor Funds
P.O. Box 1345
Denver, CO 80201

Overnight: Accessor Funds
1290 Broadway, Ste 1100
Denver, CO 80203

LETTER OF ACCEPTANCE

Colorado State Bank and Trust agrees to accept transfer of the above amount for deposit to the Depositor's Accessor Funds (Colorado State Bank and Trust as Custodian) IRA Account, and requests the liquidation and transfer of assets as indicated above.

Forward Management LLC accepting as agent for Colorado State Bank and Trust, the Custodian, pursuant to a Power of Attorney (to be signed by Forward Management LLC)

Signed _____ Title _____

Accessor Funds IRA Account Number _____ Date _____