



# True Rock Fund

## IRA TRANSFER REQUEST

Use this form for a custodian-to-custodian transfer of your retirement account from another institution. Please provide a recent copy of your account statement. **An IRA Application must also be completed.**

**Mail To:**

True Rock Fund  
c/o Mutual Shareholder Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

**Minimum Investment:**

Initial: \$2,000.00  
Subsequent: \$100.00

**Need Help Call:**

(800) 564-3899

**Fax To:**

440-526-4446

**1. ACCOUNT INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ HOME( ) \_\_\_\_\_

**2. NAME AND ADDRESS OF CURRENT CUSTODIAN/TRUSTEE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**3. NEW OR EXISTING ACCOUNT WITH TRUE ROCK FUND**

I am opening a new account and have attached an IRA application.

Please deposit in my existing True Rock Fund IRA.

Account# \_\_\_\_\_

**4. AUTHORIZATION FOR TRANSFER**

To the custodian or TRUSTEE of my existing IRA or qualified plan:

\*Please Liquidate Investments to Cash and Transfer: (choose one)\*

The entire balance or

\$ \_\_\_\_\_

**\*To ensure transfer, please liquidate desired investment amount to cash prior to submitting this IRA TRANSFER REQUEST.**

Please process this request immediately.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. PROCESSING OPTIONS FOR ACCEPTING CUSTODIAN (choose one)**

Submit via Fax to \*\*: \_\_\_\_\_  
*Fax # of Current Custodian*

\*\*Verify that the current custodian/trustee accepts faxed requests prior to selecting this option

Submit via Regular Mail to:  
*Name of Current Custodian/Trustee*  
*Address of Current Custodian/Trustee*  
*See Box #2 of this application*

**6. DELIVERY OPTIONS FOR CURRENT CUSTODIAN/TRUSTEE (choose one)**

Check via Regular Mail to:  
True Rock Fund  
c/o Mutual Shareholder Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

Make checks payable to: "True Rock Fund FBO \_\_\_\_\_"  
*Client Name*

Wire Transfer—Instructions will be sent by Mutual Shareholder Services (current custodian may charge fee for wire)

**7. MEDALLION SIGNATURE GUARANTEE (if required):**

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic exchange. The officer will verify your signature at that time. Please note that a notary public is not acceptable for signature guarantee.

**SIGNATURE GUARANTEED BY:**

NAME OF BANK OR FIRM \_\_\_\_\_

SIGNATURE OF OFFICER \_\_\_\_\_

TITLE OF OFFICER \_\_\_\_\_

**True Rock Fund**  
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**TO BE COMPLETED BY ARGENT INSTITUTIONAL TRUST, CUSTODIAN FOR TRUE ROCK FUND**

**ACCEPTANCE OF APPOINTMENT**

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above-mentioned account for deposit to the **True Rock Fund**. To ensure proper crediting, please return the check made payable to:

TRUE ROCK FUND  
FBO \_\_\_\_\_

*MAIL TO:*

**TRUE ROCK FUND**  
C/O MUTUAL SHAREHOLDER SERVICES  
8000 TOWN CENTRE DRIVE, SUITE 400  
BROADVIEW HEIGHTS, OH 44147

*Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.*

**CUSTODIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_