

# IRA TRANSFER FORM

## MARSICO FUNDS®

### IMPORTANT INFORMATION

Use this form when redeeming and transferring funds from an existing IRA to a Marsico Funds IRA. If you have any questions or need additional forms call 888-860-8686. Please print or type clearly. **You must complete Sections 1 through 6 below and return this IRA Transfer Form along with your IRA Application (if this is a new account) or Marsico Funds account number (if you are transferring funds to your existing Marsico Funds IRA account).** A self-addressed stamped envelope has been included for your convenience. Please see the back for signature instructions.

Please check with your current Trustee/Custodian to determine if a medallion signature guarantee is required to process this transfer. You will receive a confirmation when the transfer has been completed and your funds have been invested in the Marsico Funds.

**Note for investors 70½ or older:** You may take your required minimum distribution from any one or all of your IRA accounts. If you have not satisfied the minimum distribution requirements, you may be required to take a minimum distribution from your present IRA before rolling over your retirement assets to the Marsico Funds. Consult your tax adviser regarding your distribution requirements.

### 1 INVESTOR INFORMATION

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Name (first, middle, last)

\_\_\_\_\_  
Street

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

( ) ( )  
Daytime Telephone Evening Telephone

### 2 ASSET TRANSFER OR CONVERSION

#### Type of plan you now have:

- Traditional IRA
- Rollover IRA
- Roth IRA
- SEP-IRA
- SIMPLE IRA
- Other Employer-Sponsored Plan:  
Plan Type \_\_\_\_\_
- Other Roth Employer-Sponsored Plan:  
Plan Type \_\_\_\_\_

#### Type of plan you are transferring to:

- Traditional IRA
- Rollover IRA
- Roth IRA
- SEP-IRA
- Inherited (Beneficiary) IRA
- Inherited (Beneficiary) Roth IRA

### 3 PLEASE TRANSFER MY IRA FROM

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

\_\_\_\_\_  
Account Number or Certificate of Deposit

( )  
Telephone Number

\$ \_\_\_\_\_  
Approximate Value Maturity Date (if applicable)

**Transfer Immediately** or  **At Maturity**  
Penalties may be assessed by your current Trustee/Custodian for early withdrawal. Please attach a copy of your current account statement(s).

### TRANSFER COMING FROM

\_\_\_\_\_  
Name of Current Custodian (bank, mutual fund, etc.)

\_\_\_\_\_  
Address

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

### 4 YOUR FUND SELECTION(S) (Please Check One)

Invest the proceeds in my existing Marsico Funds account.

**40 – Marsico Focus Fund**

□□□□□□□□□□  
Account Number

\$ \_\_\_\_\_ %  
Amount or Percentage

**41 – Marsico Growth Fund**

□□□□□□□□□□  
Account Number

\$ \_\_\_\_\_ %  
Amount or Percentage

**42 – Marsico 21st Century Fund**

□□□□□□□□□□  
Account Number

\$ \_\_\_\_\_ %  
Amount or Percentage

**43 – Marsico International Opportunities Fund**

□□□□□□□□□□  
Account Number

\$ \_\_\_\_\_ %  
Amount or Percentage

**45 – Marsico Global Fund**

□□□□□□□□□□  
Account Number

\$ \_\_\_\_\_ %  
Amount or Percentage

**Total Investment** \$ \_\_\_\_\_ 100%  
Amount

**Open a new Marsico Funds Account**

If you are opening a new account, a completed and signed IRA application must accompany this form.

**40 – Marsico Focus Fund**

\$ \_\_\_\_\_ %  
Amount or Percentage

**41 – Marsico Growth Fund**

\$ \_\_\_\_\_ %  
Amount or Percentage

**42 – Marsico 21st Century Fund**

\$ \_\_\_\_\_ %  
Amount or Percentage

**43 – Marsico International Opportunities Fund**

\$ \_\_\_\_\_ %  
Amount or Percentage

**45 – Marsico Global Fund**

\$ \_\_\_\_\_ %  
Amount or Percentage

**Total Investment** \$ \_\_\_\_\_ 100%  
Amount

Application is continued on the back

## 5 WITHHOLDING NOTICE AND ELECTION FORM

(FORM W-4P/OMB NO. 1545-0074) DEPARTMENT OF TREASURY,  
INTERNAL REVENUE SERVICE

Complete only if you are converting a Traditional, SEP, or Simple IRA to a Roth IRA.

**NOTICE:** The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, **Withholding Certificate for Pension or Annuity Payments**, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

**ELECTION:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of \_\_\_\_\_% (greater than 10%) withheld from my distribution from this account.

## 6 ACKNOWLEDGEMENTS (Exactly as Registered)

To Current Trustee/Custodian:

Please consider this your authority to sell  $\$$  \_\_\_\_\_ %  
Amount or Percentage  
of my assets in the account identified in Section 3 and prepare a check made payable to:

**Marsico Funds**

FBO

Account Number

It is my intention to transfer these assets to an IRA account with the above named Fund(s) for which UMB Bank, n.a., acts as Custodian.

**I certify that I have received and read the Prospectus and Privacy Policy for the Fund(s) into which I am transferring my IRA.**

By signing this *IRA Transfer/Conversion Request Form*, I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer/convert the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer/conversion and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian.

Signature of IRA Owner (or other authorized person):

X

Date

If the owner of the IRA is a minor, the responsible person designated on the current IRA account needs to sign this form.

**Please check with your current Trustee/Custodian to determine if a medallion signature guarantee is required to process this transfer.**

The medallion signature guarantee must be provided by a U.S. bank, member of a national securities exchange, savings and loan association, credit union, broker or other acceptable financial institution. **A notary public cannot provide a medallion signature guarantee.**

Medallion signature guarantee. Place guarantee stamp and authorized signature here (if required).

## ACCEPTANCE

**(This portion is to be completed by UMB Bank, n.a., Custodian for Marsico Funds IRA.)**

**Acceptance:** Please be advised that UMB Bank, n.a., has been appointed to serve as successor Custodian of this IRA. Please send the check representing the liquidation of the investments indicated along with a copy of this form to identify the check as a transfer of assets to:

Marsico Funds  
UMB Fund Services, Inc.  
P.O. Box 3210  
Milwaukee, WI 53201-3210

X

Authorized Signature

Date

(If you prefer to wire funds directly, please call **888-860-8686** for further instructions.)

Please return this form by mail to:  
Marsico Funds  
UMB Fund Services, Inc.  
P.O. Box 3210  
Milwaukee, WI 53201-3210

Send overnight deliveries to:  
Marsico Funds  
UMB Fund Services, Inc.  
235 W. Galena St.  
Milwaukee, WI 53212-3948

This form can also be downloaded from our website: [marsicofunds.com](http://marsicofunds.com) or photocopied.

If you have any questions, please call: **888-860-8686**.

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