

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 or photocopied.

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

MA213-1221