

IRA TRANSFER/ROLLOVER FORM

IMPORTANT: If transferring to a new Seven Canyons Funds account, please complete a new Account Application Form along with Transfer of Assets Form.

ccount Number			Owner's N	ame (Last, First,	Middle Ir	nitial)		
wner's Social Security Number			Date of Bi	rth (MM/DD/YY)				
ddress of Residence - P.O. Box is not accepted			City, State	, Zip Code				
Mailing Address - If different from above (P.O. Boxes	s accepted)		City, State	, Zip Code				—
) () Pay Phone Evening P	hone		E-mail Ado	ress				
SECTION 2: Current Custodian								
o avoid delays, please confirm your current Custod copy of the current account statement.	lian's address a	and if they requ	ire a Signat	ure Guarantee. If	required	please comp	lete Section	6.
ype of Plan Being Transferred/Rolled Over								
Current Trustee/Custodian/Employer/Plan Admin	istrator		Account N	umber				
ddress of Custodian (Required) - P.O. Box not accep	oted		City, State	Zip				
failing Address - If different from above (P.O. Boxes	accepted)		City, State	Zip				
) ()								
) () lay Phone Evening P	hone							
SECTION 3: Transfer/Direct Rollover Instru	ictions							
		E NA Places to	anefor my a	coate and follow	the inetr	uotione holow	,	
have established an individual retirement account	(IKA) WILLI BOK	r, NA. Please u	ansier my a	ssets and follow	uie iiisu	uctions below	/ .	
authorize and direct the transfer of the amount sta	ated below to th	ne Seven Canyo	ns Funds.					
Liquidate all assets in my IRA Account Number			ds.					
Liquidate only part of my assets in my IRA Acco	unt Number and	d transfer:						
	Number	Ticker		Amount	or	Percent	%	
und Name Fund			\$				_ %	
und Name Fund								
und Name Fund			\$				_ %	
und Name Fund			\$ _ \$				_ % _ %	
			\$ _ \$ _		 		% % 	
rund Name Fund			- \$ -		 =	100	% % 	

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
		\$				%
		\$				- %
		\$				- %
Total		\$			100	- % - %
	f the account listed in Section 2 contains r all other assets, they must be liquidate		n Canyons Funds famil	y of fund:	s – you may ch	-
Fund Name	Fund Number	Ticker	Amount	or	Percent	9
		\$				- %
		\$				- % - %
		\$ \$				- %
Total					100	- %
Make Checks Payable to:	Seven Canyons Funds	Clion	nt Name			=
Make Officers I ayable to.	•		it Name			
	FBO Traditional IRA, SEP IRA, or Ro	th IRA SSN				
I authorize and direct the	/Rollover Investment Allocation transfer of the amount indicated in Section		anyons Funds per the b	oelow allo	cation.	
I authorize and direct the You may not transfer from		IRA.	anyons Funds per the b			oun:
I authorize and direct the You may not transfer from Open a new account -	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP	IRA.				
I authorize and direct the You may not transfer from Open a new account - Investment Allocation	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP - I have attached a completed IRA application	IRA. ation 🗖 Invest	in my existing Seven (Canyons	Funds IRA acco	%
I authorize and direct the You may not transfer from Open a new account - Investment Allocation	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP - I have attached a completed IRA application	IRA. ation Invest Ticker \$	in my existing Seven (Amount	Canyons	Funds IRA acco	% - % - %
I authorize and direct the You may not transfer from Open a new account - Investment Allocation	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP - I have attached a completed IRA application	IRA. Ticker \$\$ \$	Amount	Canyons	Funds IRA acco	% - % - %
I authorize and direct the You may not transfer from Open a new account - Investment Allocation Fund Name	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP - I have attached a completed IRA application	Ticker S S S S S S S S S S S S S S S S S S	Amount	Canyons	Funds IRA acco	
I authorize and direct the You may not transfer from Open a new account - Investment Allocation Fund Name Total	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP I have attached a completed IRA application in the section of the section in the section is a section in the sectio	IRA. Ticker \$\$ \$	Amount	Canyons	Funds IRA acco	% - % - % - %
I authorize and direct the You may not transfer from Open a new account - Investment Allocation Fund Name	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP I have attached a completed IRA application in the section of the section in the section is a section in the sectio	Ticker S S S S S S S S S S S S S S S S S S	Amount	Canyons	Funds IRA acco	% - % - % - %
I authorize and direct the You may not transfer from Open a new account - Investment Allocation Fund Name Total SECTION 5: Authoriz Current Trustee/Custodia	transfer of the amount indicated in Section a Roth IRA to a Traditional IRA or a SEP - I have attached a completed IRA application/Signatures n: I have established an Individual Retire custodian. Please accept this as your a	Ticker S S S S S S S S S S S S S S S S S S	Amount G G G G G G G G G G G G G G G G G G	or	Percent 100 the Seven Cal	% - - - - - - - % - - %

Owner's Signature

Date (MM/DD/YY)

SECTION 6: Signature Guarantee

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks

Credit Unions

Member Firms of a domestic stock exchange

Savings Associations Trust Companies

Bank or Dealer Firm	Officer's Title
Officer's Signature	Date (MM/DD/YY)

[STAMP]

SECTION 7: BOKF, NA

To be completed by the Custodian.

This is to inform you that BOKF, NA will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by BOKF, NA as Custodian for the Seven Canyons Funds.

BOKF, NA Authorized Representative

Date (MM/DD/YY)

Please mail completed form to:

Regular Mail: Seven Canyons Funds PO. Box 1920 Denver, CO 80201 Overnight Mail: Seven Canyons Funds 1290 Broadway, Suite 1000 Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 833-7-CANYON (833-722-6966).

For Broker/Dealer Use Only				
Broker/Dealer Name	Broker/Dealer Number			
Representative Name	Representative Number			
Street Address (Street, City, State, Zip Code)				
Representative Phone Number				