



# IRA DIRECT ROLLOVER REQUEST FORM

*The IRA Direct Rollover Request Form is used to facilitate the direct rollover of assets between a tax-qualified plan and a Traditional or Roth IRA. This form should not be used to facilitate a rollover or direct transfer of assets between IRAs. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-855-261-0104.*

**PART I: IRA OWNER INFORMATION (RECEIVING IRA) (\*DENOTES REQUIRED INFORMATION)**

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*	Evening Phone			

**PART II: DISTRIBUTING PLAN INFORMATION (PLEASE ATTACH A RECENT STATEMENT)**

Name of Plan Participant*	Plan Name/Number*			
Name of Plan Sponsor/Employer*	Plan Sponsor/Employer's Phone Number*			
P. O. Box*	Suite #	City*	State*	Zip Code*

**\*Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

**PART III: ROLLOVER DESCRIPTION (PLEASE ATTACH A RECENT STATEMENT)**

Distributing Plan Type (Select One):

- Qualified Plan under IRC Sec. 401(a) (including 401(k) plans)
- 457(b) Deferred Compensation Arrangement
- 403(b) Tax Sheltered Annuity (including 403(b)(7) Custodial Accounts)
- Designated Roth account under a 401(k) or 403(b) plan (Note: Select this option only if you are rolling over assets to a Roth IRA.)
- Other\*: \_\_\_\_\_

*\* Note:* Only qualifying distributions from eligible retirement plans defined in IRC Sec. 402(c)(8)(B) are eligible to be rolled over to an IRA.

**PART IV: DIRECT ROLLOVER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this rollover will purchase shares into my existing account as listed below.

Account Number \_\_\_\_\_

**Rollover Allocation**

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Percentage
Meritage Value Equity Fund – Institutional Class	%
Meritage Growth Equity Fund – Investor Class	%
Meritage Growth Equity Fund – Institutional Class	%
Meritage Yield-Focus Equity Fund – Investor Class	%
Meritage Yield-Focus Equity Fund – Institutional Class	%

**PART V: LIQUIDATION INSTRUCTIONS**

I authorize and direct the current plan trustee/custodian to liquidate assets as follows (select one).

- Immediately rollover entire balance and send the cash proceeds to the IRA Trustee/Custodian identified below.

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- Partially rollover \$ \_\_\_\_\_ of the current plan balance and send the proceeds to the IRA Trustee/Custodian identified below.  
(Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)

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- Other (describe): \_\_\_\_\_

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**\*Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Meritage Funds: FBO \_\_\_\_\_  
(Investor’s Name)

Please mail check to:

**Regular Mail Delivery**  
 Meritage Funds  
 P.O. Box 46707  
 Cincinnati, OH 45246-0707

**Overnight Delivery**  
 Meritage Funds  
 225 Pictoria Drive, Suite 450  
 Cincinnati, OH 45246

**PART VI: ACKNOWLEDGEMENT**

By signing this *IRA Direct Rollover Request Form*, I certify that the information I have provided is true and correct. I understand that I am responsible for ensuring I am eligible to authorize this rollover and I assume all responsibilities for any consequences that arise as a result of my actions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues. I elect to irrevocably designate this deposit as a rollover contribution. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I authorize the plan administrator to directly roll over the plan assets as indicated above and certify the plan is qualified under the appropriate section of the Internal Revenue Code.

Signature of IRA Owner: X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

**\*Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**PART VIII: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)**

By signing below, the IRA Trustee/Custodian agrees to accept this direct rollover as instructed above.

Signature of IRA Trustee/Custodian Representative: X \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
 Meritage Funds  
 P.O. Box 46707  
 Cincinnati, OH 45246-0707

**Overnight Delivery**  
 Meritage Funds  
 225 Pictoria Drive, Suite 450  
 Cincinnati, OH 45246