## ARGILE FI

IRA Transfer: Use this form and the Cargile Fund Individual Retirement Account Application if you are transferring your existing IRA assets from another custodian directly to a new Cargile Fund IRA. Use this form only if you are transferring IRA assets from another custodian to an existing Cargile Fund IRA.

**Direct Rollover:** Use this form **and** the Cargile Fund *Individual Retirement Account* Application if you are directly rolling over your existing employer - sponsored retirement plan assets to a **new** Cargile Fund IRA. Use this form **only** if you are directly rolling over to an existing Cargile Fund IRA.

1. Social Security Number	
Social Security Number	
2. Investor Information (Please Print or T	vpe)
	717
Name (First, Middle, Last)	
Street	
City, State, Zip code	
( ) Daytime Telephone Evening Tele	enhone
Evening 1ch	ерлоне
3. Transfer/Direct Rollover Assets Fro	m This Account
Name of Current Trustee, Custodian or Plan Employer	
A11	
Address	
City, State, Zip	
( ) Telephone Number	
reiephone Number	
Account Number	
$\bullet$ Please attach a copy of a recent account statement to help	us locate your current accour
4. Instructions to Current IRA Custodia	an/Plan Employer
I have established an IRA with Cargile Fund.	Please transfer (or direc
rollover) assets, in <b>cash</b> , from the above account	
according to the instructions (a), (b), and (c).	
(a) • IRA Transfer From: (check one if IRA Transfer)	
☐ Traditional IRA ☐ Rollover IRA ☐ Roth Conversion IRA ☐ SEP-IRA	☐ Roth IRA ☐ SIMPLE IRA
• Direct Rollover From: (check one if Direct Rollo	_
Employer – Sponsored Plan	Other
(1) D	
(b) Payment Information:	
☐ Immediately liquidate all assets and send the ☐ Partial Liquidation. \$or	
Send cash proceeds of all investments at mat	
Send the assets at maturity for the investment	
Investment	Maturity Date
mvesument	Maturity Date
lacksquare Other. Please attach additional transfer / dir	ect rollover instructions.
<b>Note.</b> There may be a penalty for early liquidation.	
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## IRA Transfer / Direct Rollover Request Form

To obtain a copy of the Individual Retirement Account Application, please visit www.cargilefund.com or call toll-free 1-888-204-1128. For any assistance, please call the number.

Please mail (or send overnight) the completed form to: Cargile Fund c/o Mutual Shareholder Services, LLC 8000 Town Centre Dr., Suite 400 Broadview Hts., OH 44147

(c) Please make check payable to Cargile Fund and send it, along with a copy of this form to the above address.

If you prefer to wire funds, please call 1-888-204-1128 for instructions.

with the Cargile Fund for which custodian, and to which assets wi rolled over).  X Signature of Investor (required) Signature Guarantee: Please check with yo Employer to determine if a signature guarante A signature guarantee may be obtained from These institutions include U.S. banks, savi brokerage firms. A Notary Public cannot proceed the company of Guarantee Stamp Name of Guarantor Institution / Guarantee Stamp Authorized Signature	US Bank, N.A. acts as its ll be transferred (or directly  Date  ur current Trustee/Custodian / Plan e is required to process this transfer. n any eligible guarantor institution. ngs associations, credit unions and
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with the Cargile Fund for which custodian, and to which assets wi rolled over).	US Bank, N.A. acts as it ll be transferred (or directly
with the Cargile Fund for which custodian, and to which assets wi rolled over).	US Bank, N.A. acts as its
I certify to the current IRA custodian, have established a successor Individua	1 1 ,
I understand that the requirements for IRA, SEP IRA, or Roth IRA are compl responsibility for complying with alresults of any such transfer.	ex and that I have the
I acknowledge that I have sole responsi and that I have received a current prosp to read carefully before investing.	
6. Signature of Investor (required	
☐ Existing Individual Retirement Acco proceeds in my existing Cargile Fund acco	
New Individual Retirement Account: Account in accordance with the instruction Account Application, and invest the transferre	s in the attached Individual Retirement
5. Instructions (Please check one)	

behalf of the above named individual. US Bank, N.A. accepts its

Date

appointment as successor custodian for the above IRA.

Authorized Signature