



# IRA Asset Transfer Form

## 1. INSTRUCTIONS

- This form is used to transfer an existing IRA to your Dinosaur Lisanti Small Cap Growth Fund IRA.
- If a new account is being opened, complete this IRA Asset Transfer Form and an Individual Retirement Account Application.
  - Include a statement from your existing IRA with this form.
  - If you are transferring a passbook/certificate type account or an insurance type IRA, you must submit the passbook, certificate or insurance policy with this form.
  - **The current custodian or trustee holding your IRA may require a "Signature Guarantee" or have other requirements. Please determine the requirements of your current custodian or trustee to avoid delays in processing your transfer.**
  - Mail this completed form (along with your Individual Retirement Account Application, if opening a new account) to:

Dinosaur Lisanti Small Cap Growth Fund  
P.O. Box 588  
Portland, ME 04112

or Overnight Delivery to:

Dinosaur Lisanti Small Cap Growth Fund  
c/o Atlantic Fund Services  
Three Canal Plaza, Ground Floor  
Portland, ME 04101

Contact us toll-free at: (800) 441-7031

## 2. YOUR DINOSAUR LISANTI SMALL CAP GROWTH FUND IRA

Your Name _____			Your Account Number (unless new account) _____	Social Security Number _____	
Your Mailing Address _____					
City _____		State _____	Zip Code _____	E-mail _____	
Birth Date _____		Telephone (Day) _____		Telephone (Evening) _____	

## 3. ACCOUNT BEING TRANSFERRED

Name of the Institution Currently Holding Your IRA (Shareholder Servicing Agent/Transfer Agent if mutual fund) \_\_\_\_\_

Your Custodian's Mailing Address \_\_\_\_\_

City _____		State _____	Zip Code _____	Customer Service Telephone Number _____
Account Number _____			Account Executive (if any) _____	

## 4. TRANSFER INSTRUCTIONS

**Mutual Fund Company Transfer**

Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares	<input type="checkbox"/> Liquidate \$ _____
Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares	<input type="checkbox"/> Liquidate \$ _____

**Securities Transfer**

Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares	<input type="checkbox"/> Liquidate \$ _____
Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares	<input type="checkbox"/> Liquidate \$ _____

**Certificate of Deposit Transfer**

- Transfer the proceeds of my CD, which matures on \_\_\_\_\_, upon maturity  
Date (MM/DD/YYYY)
- Transfer the proceeds of my CD immediately

Note: If you are transferring a CD, and you wish to transfer your CD at maturity, please check the "Upon Maturity" box above and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

**5. SIGNATURE AND AUTHORIZATION**

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Form, and acknowledge establishing an IRA in the Dinosaur Lisanti Small Cap Growth Fund through my execution of a Dinosaur Lisanti Small Cap Growth Fund IRA Application.

**Please Note: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please check with your custodian to determine if a "Signature Guarantee" is required.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature Guarantee (if required by your current custodian)

**Fed Wire Asset Transfer:** By checking this box, I authorize my IRA asset transfer(s) to be transferred via Fed Wire. I understand that my resigning trustee/custodian may charge a wire fee for this service.

**DO NOT COMPLETE THE SECTION BELOW**

**INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN**

Type of IRA:     TRADITIONAL     SEP-IRA     ROTH     QUALIFIED PLAN ROLLOVER     BENEFICIARY IRA

Please forward a check made payable to the **Dinosaur Lisanti Small Cap Growth Fund, FBO** \_\_\_\_\_

Please include the following reference number on the check \_\_\_\_\_

Please forward the check or draft and any accompanying documents to:

**Regular Mail**

Dinosaur Lisanti Small Cap Growth Fund  
P.O. Box 588  
Portland, ME 04112

**Overnight Delivery**

Dinosaur Lisanti Small Cap Growth Fund  
c/o Atlantic Fund Services  
Three Canal Plaza, Ground Floor  
Portland, ME 04101

**Wire Delivery**

The Huntington National Bank  
Westerville, OH  
Atlantic Shareholder Services, LLC FBO  
Forum Funds  
ABA 044000024  
Account # 01892542416  
Dinosaur Lisanti Small Cap Growth Fund  
(Fund Account Number)

Contact us toll-free at: (800) 441-7031

**INSTRUCTIONS FROM ACCEPTING CUSTODIAN**

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to the Dinosaur Lisanti Small Cap Growth Fund IRA established on behalf of the individual named herein.

\_\_\_\_\_  
Authorized Signature (On behalf of the Dinosaur Lisanti Small Cap Growth Fund)

\_\_\_\_\_  
Date (MM/DD/YYYY)