



**Mail to:**  
Davlin Philanthropic Fund  
Mutual Shareholder Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, Ohio 44147

**Minimum Investment:**  
Initial: \$2,500 Subsequent: \$100

**Need Help Call:**  
(877) Davlin-8 (toll free)  
(877) 328-5468

## DAVLIN PHILANTHROPIC FUND

### IRA TRANSFER/ROLLOVER REQUEST

Use this form when transferring or to rollover your IRA directly to a Davlin Philanthropic Funds account from another institution. Please enclosed a recent copy of your current account statement. An IRA application must also be completed if this is a new account.

**YOUR NAME**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
BUSINESS PHONE (     ) \_\_\_\_\_  
HOME(     ) \_\_\_\_\_

**NAME & ADDRESS OF PRESENT TRUSTEE**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_

**AUTHORIZATION FOR TRANSFER**

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING IRA:  
PLEASE LIQUIDATE AND TRANSFER:

- \$ \_\_\_\_\_ OR  
 THE ENTIRE BALANCE  
 IMMEDIATELY OR    UPON MATURITY

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION FOR DIRECT ROLLOVER**

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING IRA:  
PLEASE LIQUIDATE AND DIRECTLY ROLLOVER:

- \$ \_\_\_\_\_ OR  
 THE ENTIRE BALANCE  
 IMMEDIATELY OR    UPON MATURITY

SIGNATURE \_\_\_\_\_

**WHERE TO INVEST YOUR IRA**

I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.

PLEASE DEPOSIT IN MY EXISTING IRA:

ACCOUNT# \_\_\_\_\_

**IMPORTANT NOTE**

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

**SIGNATURE GUARANTEED BY:**

NAME OF BANK OR FIRM \_\_\_\_\_  
SIGNATURE OF OFFICER \_\_\_\_\_  
TITLE OF OFFICER \_\_\_\_\_

**DAVLIN PHILANTHROPIC FUND**  
*IRA TRANSFER/ROLLOVER REQUEST—PAGE 2*

**TO BE COMPLETED BY US BANK, CUSTODIAN FOR DAVLIN PHILANTHROPIC FUNDS  
ACCEPTANCE OF APPOINTMENT**

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Davlin Philanthropic Funds. To ensure proper crediting, please return the check made payable to:

**DAVLIN PHILANTHROPIC FUNDS FBO**\_\_\_\_\_

*MAIL TO:* DAVLIN PHILANTHROPIC FUNDS  
C/O MUTUAL SHAREHOLDER SERVICES  
8000 TOWN CENTRE DRIVE, SUITE 400  
BROADVIEW HEIGHTS, OHIO 44147

*Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.*

**CUSTODIAN SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_