



**NEWGATE**

CAPITAL MANAGEMENT LLC

# IRA Transfer Form

*[If this is for a new IRA Account,  
an IRA Application must accompany this form.]*

Mail to: Newgate Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Newgate Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St. FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-888-9-NEWGATE (888-963-9488)**.

## ! Important Shareholder Information

*There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any. U.S. Bancorp Fund Services, LLC will initiate your request upon receipt of this form.*

### 1. Investor Information

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

### 2. Instructions to Current IRA Custodian or Plan Administrator

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please include a copy of your current account statement.

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

- All Assets  
OR  
 \$ \_\_\_\_\_ or \_\_\_\_\_%

Please process this request:

- immediately  
OR  
 at maturity \_\_\_\_\_ (month / day / year)

**\* Please liquidate all assets if no selections are made.**

Send the check representing the assets payable to "The Newgate Funds" along with a copy of this form to:

Newgate Funds  
FBO [Shareholder Name]  
[Account Number]  
c/o US Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

### 3. Account Information

A Newgate Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

	New	Existing	Account # (if applicable)	Amount	Percentage
<input type="checkbox"/> Newgate Global Resources – Class A	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____ OR _____	_____ %
<input type="checkbox"/> Newgate Emerging Markets – Class A	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____ OR _____	_____ %
<input type="checkbox"/> Newgate Global Resources – Class I	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____ OR _____	_____ %
<input type="checkbox"/> Newgate Emerging Markets – Class I	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____ OR _____	_____ %

**4. Age 70 ½ Information**

Check one of the following:

- I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year
- OR
- I am age 70 ½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

**5. Conversion of Traditional IRA to Roth IRA**

- Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

**6. Signature and Certification**

I certify that I have established an IRA with The Newgate Funds, of which U.S. Bank, NA, is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER (OR GUARDIAN IF IRA OWNER IS A MINOR)

DATE (Mo / Dy / Yr)

PLEASE NOTE SIGNATURE GUARANTEE REQUIREMENT

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SIGNATURE GUARANTEE\* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

\* A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each signature being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

**7. Acceptance / Custodian Authorization**

U.S. Bank, NA, hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Newgate Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, NA,



**Before you mail, have you:**

- Completed an IRA Account Application if the transfer or direct rollover is going to a new account?
- Included documents from your current custodian or plan administrator, if required?
- Signed this form in Section 6?
- Consulted with your current custodian about any applicable fees or penalties?
- Obtained a signature guarantee from a financial institution? (NOTARIES ARE NOT ACCEPTABLE)