

**DF DENT** PREMIER GROWTH FUND

**I. INSTRUCTIONS**

This form is used to transfer an existing IRA to a DF Dent Premier Growth Fund IRA.

- If a new account is being opened, complete this IRA Asset Transfer Authorization form and an Individual Retirement Account Application.
- Attach a statement from your existing IRA to this form.
- If you are transferring a passbook/certificate type account or an insurance type IRA, the passbook, certificate or insurance policy must be submitted 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:

**DF Dent Premier Growth Fund**  
**Attn: Transfer Agent**  
**Atlantic Fund Administration, LLC**  
**P.O. Box 588**  
**Portland, ME 04112**

**or Overnight Delivery to:**

**DF Dent Premier Growth Fund**  
**Attn: Transfer Agent**  
**Atlantic Fund Administration, LLC**  
**Three Canal Plaza, Ground Floor**  
**Portland, ME 04101**

**2. IRA REGISTRATION (Please Print)**

Name \_\_\_\_\_ Existing Account Number (if applicable) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: Number and Street (Required) \_\_\_\_\_ Mail Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

**3. CURRENT IRA CUSTODIAN**

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

Mailing Address: Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Account Executive (if any) \_\_\_\_\_

Customer Service Telephone Number \_\_\_\_\_

Type of Assets in IRA:

- Mutual Fund Shares (Please complete section 5)  
Fund Name \_\_\_\_\_
- CD (Due on \_\_\_\_\_ \*)  
Transfer:  Upon Maturity  Immediately
- Money Market Deposit Account
- Securities (Please complete Sections 4 and 5)
- Other (Please specify \_\_\_\_\_ )

\* Note: If you are transferring a CD(s), and you wish to transfer your CD(s) at maturity, please check the “Upon Maturity” box 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.

#### 4. YOUR INSTRUCTIONS

To Current Custodian or Trustee:

Please liquidate (check one box):  all of the securities in my account  
or  the securities described in Section 5

and transfer the proceeds from the liquidation to my DF Dent Premier Growth Fund IRA by check.

#### 5. IDENTIFICATION OF SECURITIES TO BE LIQUIDATED OR TRANSFERRED IN KIND

Complete only if your existing traditional IRA contains stocks, bonds or other securities, which are to be liquidated in part. If additional space is needed to identify securities, please attach to this authorization a separate sheet of paper identifying the additional securities.

To Current Custodian or Trustee:

My intentions are to execute a partial transfer by liquidation of the following assets:

Account Number or Security	Amount	or	Number of Shares
_____	\$ _____		_____
_____	\$ _____		_____
_____	\$ _____		_____

#### 6. AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Authorization, and acknowledge establishing a DF Dent Premier Growth Fund IRA through my execution of a DF Dent Premier 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 determine if a "Signature Guarantee" is required.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution Providing **Signature Guarantee**

\_\_\_\_\_  
Signature of Officer and Title

#### DO NOT COMPLETE THE SECTION BELOW

#### INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA:  TRADITIONAL  SEP-IRA  ROTH  OTHER (DESCRIBE: \_\_\_\_\_ )

Please forward a check as directed in Section 4 above made payable to **DF Dent Premier Growth Fund, FBO** \_\_\_\_\_

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

Please forward the check or draft and accompanying documents, if any, in the return envelope provided to:

**DF Dent Premier Growth Fund  
Attn: Transfer Agent  
Atlantic Fund Administration, LLC  
P.O. Box 588  
Portland, ME 04112**

or **Overnight Delivery to:**

**DF Dent Premier Growth Fund  
Attn: Transfer Agent  
Atlantic Fund Administration, LLC  
Three Canal Plaza, Ground Floor  
Portland, ME 04101**

#### INSTRUCTIONS TO 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 a DF Dent Premier Growth Fund IRA established on behalf of the individual named herein.

\_\_\_\_\_  
Authorized Signature (On behalf of DF Dent Premier Growth Fund)

\_\_\_\_\_  
Date