

Securities Transfer

Security Name _____

Select One: Liquidate All Shares

Liquidate \$ _____

Security Name _____

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Liquidate \$ _____

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Liquidate \$ _____

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Select One: Liquidate All Shares

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.

V. 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 DF Dent Growth Funds through my execution of a DF Dent Growth Funds 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)

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH

Please forward a check made payable to the **DF Dent Growth Funds, FBO** _____

Please include the following reference number on the check _____

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

DF Dent Growth Funds
P.O. Box 588
Portland, ME 04112

or Overnight Delivery to:

DF Dent Growth Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Contact us toll-free at: (866) 2DF-DENT or (866) 233-3368

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 DF Dent Growth Funds IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of the DF Dent Growth Funds)

Date (MM/DD/YYYY)