



Advised by James Investment Research, Inc.

# TRANSFER OF ASSETS FORM

## SECTION 1: Account Information

Account Number \_\_\_\_\_

Owner's Name (Last, First, Middle Initial) \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence - P.O. Box is not accepted \_\_\_\_\_

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

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## SECTION 2: Current Custodian

Current Trustee/Custodian/Employer \_\_\_\_\_

Account Number \_\_\_\_\_

Address of Residence - P.O. Box is not accepted \_\_\_\_\_

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

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## SECTION 3: Transfer/Distribution Options

### Transfer

Please transfer/roll over assets from my account listed in Section 2. This account is a:

- Traditional IRA  Rollover IRA  Roth  Simple  403(b)

I would like to move these assets into the following account:

New Account (please complete a New Account Application)

Existing Account \_\_\_\_\_

## SECTION 3: Transfer/Distribution Options (continued)

### Investment Allocation

Fund Name	Amount
The Golden Rainbow Fund	\$ _____ or _____ %
The James Long-Short Fund	\$ _____ or _____ %
The James Mid Cap Fund	\$ _____ or _____ %
The James Micro Cap Fund	\$ _____ or _____ %
The James Small Cap Fund	\$ _____ or _____ %
<b>Total Amount</b>	<b>\$ _____ or _____ %</b>

In accordance with my custodial agreement or plan document, I hereby authorize my current Trustee/Custodian to deduct any outstanding fees due from my account at the time of transfer.

### Qualified Plan Distribution

I would like a distribution from my qualified plan for the following reason(s):

- Termination of Employment  Death  Plan Termination  
 Attainment of Retirement Age (typically 59 1/2)

### "In Kind" Transfers

If the account listed above contains shares of the James Advantage Funds family of funds – you may choose to transfer them "in kind." To transfer all other assets, they must be liquidated.

For Certificates of Deposit, redeem:  Immediately  At Maturity

### Transfer #1

Fund Name/Type of Investment \_\_\_\_\_

Account Number \_\_\_\_\_

- Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
 Entire Account  
 Transfer "In Kind"  
 Directly rollover my qualified plan  
 Liquidate all assets & transfer entire proceeds

### Transfer #2

Fund Name/Type of Investment \_\_\_\_\_

Account Number \_\_\_\_\_

- Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %  
 Entire Account  
 Transfer "In Kind"  
 Directly rollover my qualified plan  
 Liquidate all assets & transfer entire proceeds

**SECTION 3: Transfer/Distribution Options (continued)**

**Transfer #3**

\_\_\_\_\_  
Fund Name/Type of Investment

\_\_\_\_\_  
Account Number

- Partial Account \$ \_\_\_\_\_ OR \_\_\_\_\_ %
- Entire Account
- Transfer "In Kind"
- Directly rollover my qualified plan
- Liquidate all assets & transfer entire proceeds

**SECTION 4: Authorization/Signatures**

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with the James Advantage Funds and have appointed BOKF, NA dba Colorado State Bank and Trust as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted above, which your company holds for me.

If I am 70 ½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to the James Advantage Funds, I understand and acknowledge that I am responsible for notifying the James Advantage Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9); as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

\_\_\_\_\_  
Owner's Signature Date (MM/DD/YY)

**SECTION 5: Signature Guarantee**

A signature guarantee is required when distributing money to an address/bank other than the address/bank of record or making the payment to a party other than the owner of record.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. Signatures notarized by a Notary Public are not acceptable.

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

- Eligible guarantor's:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - Savings Associations
  - Trust Companies

\_\_\_\_\_  
Bank or Dealer Firm

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Officer's Signature Date (MM/DD/YY)

[STAMP]

**SECTION 6: BOKF, NA dba Colorado State Bank and Trust**

This is to inform you that BOKF, NA dba Colorado State Bank and Trust will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by BOKF, NA dba Colorado State Bank and Trust as Custodian for the James Advantage Funds.

\_\_\_\_\_  
BOKF, NA dba Colorado State Bank and Trust Authorized Representative (MM/DD/YY)

**Please mail completed form to:**

**Mailing Address**  
James Advantage Funds  
PO. Box 786  
Denver, CO 80201-0786

**Overnight Address**  
James Advantage Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-99JAMES (52637) or visit [www.jamesfunds.com](http://www.jamesfunds.com).