# IRA

Croft
Funds Corp.

**INCOME FUND ❖ VALUE FUND**

# INSTRUCTIONS FOR OPENING YOUR CROFT FUNDS IRA

**I. Included in this packet is:**

a. An IRA Application (mail to Croft Funds).

b. The IRA Disclosure and Plan Agreement.

c. A Transfer or Direct Rollover Request form. You may use this form to request your current custodian, trustee, or employer to directly transfer your plan assets to your Croft Funds IRA.

**II. To Open Your Croft Value Fund or Income Fund IRA**

**Step 1** Complete the IRA Application. See Designation of Beneficiary explanation below.

**Step 2** If you are requesting a transfer or direct rollover of current plan assets (held elsewhere) to your Croft Funds IRA, complete the Transfer or Direct Rollover Request form. You should complete this form **in addition** to the IRA Application.

**Step 3** Return the forms to the address below.

**Step 4** Include a check for the amount of your IRA contribution made payable to the Mutual Fund(s) in which you are investing.

**Step 5** Retain the IRA Plan Agreement and Disclosure.

**III. Designation of Beneficiary**

You may designate a beneficiary to receive the IRA funds upon your death. The space provided is to name primary and contingent beneficiaries. If more space is needed, you may attach a supplementary sheet. If you wish a more complicated type of designation of beneficiary, you should consult an attorney. Some state's laws require married individuals to name their spouse as beneficiary. Married individuals should consult with their tax advisers prior to designating someone other than their spouse. You may change your beneficiary at any time by writing to the Custodian. If any of your beneficiaries die before you, the deceased beneficiary's share will be reallocated among the surviving beneficiaries on a pro rata basis. If none of your beneficiaries survive you, or if the Custodian cannot locate your beneficiary after a reasonable search, any balance in the IRA will be paid to your estate.

## FEE INFORMATION

Annual Account Maintenance Fee: $8 per account

## REVOCATION INFORMATION

You have the right to revoke this Individual Retirement Account (IRA) within seven days of receiving your disclosure statement. You must mail or deliver written notice. Written notice must be sent by first-class mail at the address listed above and will accepted as of the date your notice is postmarked. To revoke your IRA account, simply notify:

Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Croft Funds Corp.

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# IRA Application

**Send completed forms to:**
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

**Please print or type**

## 1 IRA OWNER INFORMATION

Name ______________________________ Date of Birth ______________ Soc. Sec. No. ________________

Street Address ___________________________ City _________________ State __________ ZIP __________

State of Residence ______________ Citizen and permanent resident of USA? ☐Yes ☐No (Open to US residents only)

Daytime Phone ________________ Evening Phone __________________ Employer's Name ___________________

## 2 CONTRIBUTION INFORMATION

Amount to be invested in: Croft Value Fund $ __________

Croft Income Fund $ __________

INITIAL CONTRIBUITON TYPE

| Type: | Amount: | Tax Year (if applicable): |
|---|---|---|
| ☐ Regular/Spousal IRA | $ __________ | ______________ |
| ☐ SEP IRA | $ __________ | ______________ |
| ☐ Rollover from IRA | $ __________ | ______________ |
| ☐ Transfer from IRA | $ __________ | ______________ |
| ☐ Rollover from SIMPLE IRA (SRA)* | $ __________ | ______________ |
| ☐ Transfer from SIMPLE IRA (SRA)* | $ __________ | ______________ |
| ☐ Coverdell Education Savings Acct. | $ __________ | ______________ |
| ☐ Rollover from QP or TSA | $ __________ | ______________ |
| ☐ Direct Rollover from QP or TSA | $ __________ | ______________ |

ACCOUNT TYPE

☐ Regular/Spousal ☐ Conduit (see Note)

☐ SEP IRA

☐ Rollover

☐ Transfer

*Note:* If you are moving assets from a qualified plan or TSA and do not want to commingle these assets with regular IRA contributions, select this option.

*** SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA)**

Date ___________________________

## 3 DESIGNATION OF BENEFICIARY

In the event of my death, pay my IRA balance to the following primary beneficiary(ies): (See the Instructions for additional conditions.)

| Name | SSN or TIN | Relationship | Date of Birth | Address (optional) | %* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Total: | |

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiaries:

| Name | SSN or TIN | Relationship | Date of Birth | Address (optional) | %* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Total: | |

*If no percentage rate is indicated, the beneficiaries will share equally.

## 4 SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence and I agree that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint US Bank N.A. to act as Custodian of my account. I indemnify US Bank N.A. when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and the IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

______________________________________
IRA Owner's Signature Date

______________________________________
US Bank N.A. Date

US Bank N.A. accepts this application and agrees to act as Custodian of the account. **A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.**

Complete only if required by state law.
**Spousal Consent:** I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

______________________________________
Spouse's Signature Date

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**Send completed forms to:**
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

# IRA Transfer or Direct Rollover Request Form

**Please print or type**

## 1 GENERAL INFORMATION

Name ____________________________________________ Date of Birth _________________ Soc. Sec. No. _______________________
Street Address ______________________________________ City _____________________ State ____________ ZIP _____________
Daytime Phone ____________________ Evening Phone _______________________ Account Number ___________________________

## 2 TRANSFER/DIRECT ROLLOVER REQUEST

I have established an IRA with Croft Funds Corp. of which US Bank N.A. serves as custodian.
I request that my retirement funds be: (check one)

- ☐ Transferred from another IRA.
- ☐ Directly rolled over from my employer-sponsored retirement plan.
- ☐ Transferred from a SIMPLE IRA (SRA).*

Transfer assets to:

- ☐ Croft Income Fund $ ____________________
- ☐ Croft Value Fund $ ____________________

I authorize my present Custodian/Trustee of my IRA, or the administrator of my current retirement plan, to directly send the assets indicated in Section 3 below to my IRA with Croft Funds Corp.

Name of present Custodian, Trustee, or Employer Plan Administrator ________________________ Account # _____________

***Please include a copy of your latest IRA statement.***

Street Address ______________________________ City _______________ State _____________________ Zip ____________

*** SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA)**

If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

## 3 PAYMENT INFORMATION

Payment Schedule. I authorize and direct you to send my assets as follows:

(1) ☐ Immediately liquidate all assets and send the cash proceeds
(2) ☐ Send cash proceeds of all investments at maturity
(3) ☐ Send the assets at maturity for the investments listed below

| Investment | Maturity Date (if applicable) |
|---|---|
| ___________________________ | ____________________ |
| ___________________________ | ____________________ |
| ___________________________ | ____________________ |

(4) ☐ Other ____________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Conduit IRA – Do you want these funds kept in a separate IRA? ☐ Yes ☐ No

Source of funds ☐ IRA ☐ SIMPLE IRA (SRA) ☐ QP/TSA

## 4 AGE 70½ INFORMATION

Check one of the following

- ☐ I am ***under age 70½*** and do not turn age 70½ at any time during the calendar year.
- ☐ I am ***age 70½ or older*** and understand that no part of my required distribution is eligible for transfer or rollover. I further undersand that there may be significant tax penalties resulting if I do transfer or roll over any part of my required distribution.

## 5 SIGNATURES AND CERTIFICATIONS

I certify that I have established an IRA with the Croft Funds Corp., of which US Bank N.A. is the Custodian. I agree to contact my present Custodian that I am transferring from to determine if specific documentation or 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 cannot provide legal advice and I agree to consult my own tax professional for advice.

_______________________________________________ _______________________________________________
Signature of Individual Date Signature of Custodian Date

**(You may wish to retain a copy of this form for your records)**

TO BE COMPLETED BY A US BANK N.A. REPRESENTATIVE (For office use only)
US Bank N.A. hereby confirms that it has accepted its appointment as Custodian of the Croft Funds IRA.
Make checks payable to: Croft Funds Corp., FBO ___________________________

_____________________________________
Signature

_____________________________________
Title Date

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**Send completed forms to:**
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

# Fund Automatic Investment (ACH) Form

## 1. Account Information

Account Holder Name(s): ________________________________________

Account Number: ______________________________________________

*(Leave blank if form accompanies new application)*

## 2. Transfers *($50 Minimum)*

Transfer the amount of $_____________ *TO* the account listed above on the frequency selected below.

*Please select one option*

- ☐ Monthly beginning on the 10th of __________ (insert month)
- ☐ Quarterly beginning on the 10th of __________ (insert month)
- ☐ Annually beginning on the 10th of __________ (insert month)

**Please select which fund:**

Croft Value Fund: $____________ (or %)

Croft Income Fund: $____________ (or %)

## 3. Bank Information – Please complete with your bank information

Bank Name: _______________________________________________________

Bank Address: _____________________________________________________

Account Number: __________________

ABA Transit Routing Number (Bank): ____________________

Checking or Savings: _____________________

**Please attach a copy of a voided check (for checking account) or a pre-printed deposit slip (for savings account) from the bank to enable transfer of funds.**

I hereby authorize Mutual Shareholders Services, upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Mutual Shareholder Services***, in such time and manner as to afford Mutual Shareholder Services and the bank a reasonable opportunity to act upon it.

________________________________________ ________________________
Signature of Primary Account Holder Date

________________________________________ ________________________
Signature of Additional Account Holder Date

**For Joint Account Registrations**:

If the name(s) on your bank account in Section 1 are not identical to mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

________________________ ________________________ ____________________
Bank Account Owner's Name Bank Account Owner's Signature Date