

# ROTH IRA

A Retirement Plan for Individuals



**INCOME FUND ❖ VALUE FUND**

# INSTRUCTIONS FOR OPENING YOUR CROFT FUNDS IRA

## I. Included in this packet is:

- a. A Roth IRA Disclosure and Plan Agreement.
- b. A Roth IRA Application (mail to Mutual Shareholder Services).
- c. A Request for Transfer or Conversion to a Roth IRA form. You may use this form to request your current custodian or trustee transfer or convert your plan assets to your Croft Funds Roth IRA.

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

- Step 1** Complete the Roth IRA Application. See Designation of Beneficiary explanation below.
- Step 2** If you are requesting a transfer or conversion of a current IRA (held elsewhere) to your Croft Funds Roth IRA, complete the Transfer or Conversion to a Roth IRA form. You should complete this form **in addition** to the Roth IRA Application.
- Step 3** Return the forms to the address below.
- Step 4** Include a check for the amount of your Roth IRA contribution made payable to the Mutual Fund(s) in which you are investing.
- Step 5** Retain the Roth IRA Plan Agreement and Disclosure.

## III. Designation of Beneficiary

You may designate a beneficiary to receive the Roth 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 Roth 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 Roth 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 be accepted as of the date your notice is postmarked. To revoke your Roth IRA account, simply notify:

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



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

# ROTH IRA Application

Please print or type

**1 ROTH 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 CONTRIBUTION TYPE

Type:	Amount:	Tax Year (if applicable):
<input type="checkbox"/> Regular/Spousal Roth IRA	\$ _____	_____
<input type="checkbox"/> Rollover from Roth IRA	\$ _____	_____
<input type="checkbox"/> Transfer from Roth IRA	\$ _____	_____
<input type="checkbox"/> Conversion (Rollover) from Traditional IRA*	\$ _____	_____

ACCOUNT TYPE

Regular/Spousal Roth IRA  
 Roth Conversion IRA

\* ROTH CONVERSION IRA

I intend to keep these funds in a separate account as a Roth Conversion IRA.  Yes  No

Date \_\_\_\_\_ 5-Year Holding Period Starting Year: \_\_\_\_\_

**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)	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiaries: Total: 100%

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*If no percentage rate is indicated, the beneficiaries will share equally. Total: 100%

**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 Roth IRA Disclosure Statement and the Roth 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 Roth 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.

\_\_\_\_\_  
Roth 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 Roth 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 Roth IRA into the separate property of my spouse.

\_\_\_\_\_  
Spouse's Signature Date



# Roth 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** (complete only for a transfer from another Roth IRA) \_\_\_\_\_

I authorize and direct you, the present Custodian/Trustee of my Roth IRA, to send as a transfer the assets indicated in Section 4 below to US Bank N.A. Custodian for the Croft Funds  
**PLEASE INCLUDE A COPY OF YOUR LATEST ROTH IRA STATEMENT.**

Present Custodian/Trustee Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Custodian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_ Five-Year Holding Period Start Date \_\_\_\_\_

**3 CONVERSION REQUEST** (complete only for a conversion from a traditional IRA) \_\_\_\_\_

I authorize and direct you, the present Custodian/Trustee of my traditional IRA, to convert the assets in my traditional IRA to a Roth IRA as indicated in Section 4 below to US Bank N.A. Custodian for the Croft Funds. *I understand that a conversion is a taxable event and that the amount I convert will be reported as a taxable distribution to the Internal Revenue Service.*

**A. Custodian/Trustee Information. Please complete the following:**

Custodian/Trustee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Traditional IRA # \_\_\_\_\_

**B. IRS Reporting.** For IRS reporting purpose I am (check one):  Less than 59½  age 59½ or older  
*Caution: If you are age 70½ or older, it is recommended that you do NOT convert your required minimum distribution for the year.*

Attention: Conversions must be reported to the IRS. The Custodian/Trustee sending the funds will report the distribution and the Custodian/Trustee receiving the assets will report the subsequent Roth IRA contribution.

**4 PAYMENT INFORMATION** \_\_\_\_\_

**A. New Roth IRA Account Number** (to be completed by the transfer agent) \_\_\_\_\_

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

(1)  Immediately liquidate all assets and send the cash proceeds (4)  Other \_\_\_\_\_  
 (2)  Send cash proceeds of all investments at maturity \_\_\_\_\_  
 (3)  Send the assets at maturity for the investments listed below \_\_\_\_\_

<u>Investment</u>	<u>Maturity Date</u> (if applicable)
_____	_____
_____	_____

**C. Payment Method.**

I authorize and direct you to send my assets by check to US Bank N.A. as follows: US Bank N.A. Custodian FBO  
 (Enter your name) \_\_\_\_\_ Roth IRA  
 (Enter your Social Security Number) \_\_\_\_\_

**D. Roth Conversion IRA.** I intend to keep these funds in a separate account as a Roth Conversion IRA.  Yes  No  
 (Note: A separate Roth Conversion IRA should be established for conversion amounts received in different years.)

**5 SIGNATURES AND CERTIFICATIONS** \_\_\_\_\_

I certify that I have or will establish a Roth IRA with my mutual fund. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers or conversions and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible transfer or conversion. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my tax professional for advice.

Signature of Roth IRA Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_



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