

# IRA TRANSFER/ROLLOVER FORM

IMPORTANT: If transferring to a new ICON Funds account, please complete a new Account Application Form along with Transfer of Assets Form.

| SECTION 1: Account Info   | rmation  |  |                  |                    |           |                |                              |              |
|---|--|--|------------------|--------------------|-----------|----------------|------------------------------|--------------|
| Account Number  | (  | Owner's Name (Last, First, Middle Initial) |                  |                    |           |                |                              |              |
| Owner's Social Security Numb                                    | [  | Date of Birth (MM/DD/YY)                   |                  |                    |           |                |                              |              |
| Address of Residence - P.O. Bo                                  | (  | City, State, Zip Code                      |                  |                    |           |                |                              |              |
| Mailing Address - If different fr                               | om above (P.O. Boxes accepted)                                     | (  | City, State      | e, Zip Code        |           |                |                              |              |
| ( )<br>Day Phone  | ( )<br>Evening Phone   | E  | -mail Ado        | dress              |           |                |                              |              |
| SECTION 2: Current Cust   | odian  |  |                  |                    |           |                |                              |              |
| To avoid delays, please confirm a copy of the current account s | your current Custodian's address tatement.                         | and if they require                        | a Signat         | cure Guarantee. If | required  | please comp    | lete Section                 | າ 6. Attach  |
| Type of Plan Being Transferred/                                 | Rolled Over  |  |                  |                    |           |                |                              |              |
| Current Trustee/Custodian/Employer/Plan Administrator           |  |  | Account Number   |                    |           |                |                              |              |
| Address of Custodian (Required) - P.O. Box not accepted         |  |  | City, State, Zip |                    |           |                |                              |              |
| Mailing Address - If different fro                              | om above (P.O. Boxes accepted)                                     | (  | City, State      | , Zip              |           |                |                              |              |
| ( )<br>Day Phone  | ( )<br>Evening Phone   |  |                  |                    |           |                |                              |              |
| SECTION 3: Transfer/Dire  | ect Rollover Instructions  |  |                  |                    |           |                |                              |              |
| I have established an individuinstructions below.               | al retirement account (IRA) with B                                 | OKF, NA dba Colo                           | rado Sta         | te Bank and Trus   | t. Please | e transfer my  | assets and                   | I follow the |
| I authorize and direct the trans                                | fer of the amount stated below to t                                | the ICON Funds.                            |                  |                    |           |                |                              |              |
|   | RA Account Number and transfer thesets in my IRA Account Number an |  |                  |                    |           |                |                              |              |
| Fund Name   | Fund Number  | Ticker                                     |                  | Amount             | or        | Percent        | %                            |              |
|   |  |  | \$_              |                    |           |                | %                            |              |
|   |  |  | \$ _             |                    |           |                | - %                          |              |
|   |  |  | \$ _             |                    |           |                | - %                          |              |
| Total   |  |  | \$ _<br>\$ _     |                    |           | 100            | - <sup>%</sup><br>- <b>%</b> |              |
| ☐ Liquidate ONLY the assets                                     | listed below (For CD's): Account                                   | t Number                                   | _                |                    | ediately  | ☐ At matur     | ity on                       |              |
| □ <b>Direct Rollover.</b> Directly rol                          | lover my qualified plan distribution                               | to my IRA I would                          | like a die       | stribution from my | nualifie  | d nlan for the | following re                 | date         |
| ☐ Termination of Employme                                       | * '  | •  |                  | nent of Retiremer  | •         | •              |                              |              |

| Fund Name   | Fund Number  | Ticker  | Amount  | or       | Percent                     | %  |
|---|--|---|---|----------|-----------------------------|--|
|   |  | \$  |   |          |                             | 9  |
|   |  | \$  |   |          |                             | - %  |
|   |  | \$  |   |          |                             | -<br>9   |
|   |  | \$  |   |          |                             | - %  |
| Total   |  | \$  |   | =        | 100                         | = %  |
|   | ne account listed in Section 2 contains sets, they must be liquidated.   | s shares of the ICON I  | Funds family of funds   | – you ma | y choose to tra             | ans  |
| Fund Name   | Fund Number  | Ticker  | Amount  | or       | Percent                     | 9  |
|   |  | \$  |   |          |                             | _ %  |
|   |  | \$  |   |          |                             | - %  |
|   |  | \$  |   |          |                             | - %<br>- %   |
| Total   |  |   |   |          | 100                         | -  |
| Maka Chaska Dayahla tar   | ICON Funda   | Oliom   | t None  |          |                             | =  |
| Make Checks Payable to:   | ICON Funds   | Cilen   | t Name  |          |                             |  |
| authorize and direct the tra  | FBO Traditional IRA, SEP IRA, or Rot  Rollover Investment Allocation  ansfer of the amount indicated in Secti  Roth IRA to a Traditional IRA or a SEP            | ion 3 to the ICON Fund  |   | ation.   |                             |  |
| authorize and direct the tra  | Rollover Investment Allocation   | ion 3 to the ICON Fund  |   |          | account                     |  |
| authorize and direct the tra  You may not transfer from a  Open a new account – I   | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP  | ion 3 to the ICON Fund  | ds per the below alloc  |          | account                     | . %  |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica              | ion 3 to the ICON Fund<br>IRA.<br>ation   | ds per the below alloc<br>in my existing ICON Fo<br>Amount                    | unds IRA |                             | %<br>-<br>%  |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica              | ion 3 to the ICON Fund<br>IRA.<br>ation   | ds per the below alloc<br>in my existing ICON Fo<br>Amount                    | unds IRA |                             | %<br>-<br>-<br>%   |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica              | ion 3 to the ICON Fund<br>IRA.<br>ation   | ds per the below alloc<br>in my existing ICON Fo<br>Amount                    | unds IRA |                             | %<br>- %<br>- %  |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica              | ion 3 to the ICON Fundamental IRA.  ation   | ds per the below alloc in my existing ICON Fo                                 | unds IRA |                             | <b>%</b><br>- %<br>- %<br>- %                            |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  Fund Name   | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica  Fund Number | ion 3 to the ICON Fundamental IRA.  ation   | ds per the below alloc in my existing ICON Fo                                 | unds IRA | Percent                     | <b>%</b><br>- %<br>- %<br>- %                            |
| authorize and direct the tra  You may not transfer from a  Open a new account – I  Investment Allocation  Fund Name  Total  SECTION 5: Authorizat  Current Trustee/Custodian: BOKF, NA dba Colorado State | Rollover Investment Allocation ansfer of the amount indicated in Secti Roth IRA to a Traditional IRA or a SEP have attached a completed IRA applica  Fund Number | ion 3 to the ICON Fundament IRA.  Ticker  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | ds per the below alloc in my existing ICON Fo  Amount  B(b)(7) Custodial Acco | or       | Percent  100  the ICON Fund | %<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>%<br>-<br>-<br>% |

Owner's Signature

Date (MM/DD/YY)

#### **SECTION 6: Signature Guarantee**

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

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 7: BOKF, NA dba Colorado State Bank and Trust

To be completed by the Custodian.

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 ICON Funds.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative

Date (MM/DD/YY)

### Please mail completed form to:

Regular Mail: Overnight Mail: ICON Funds ICON Funds

P.O. Box 1920 1290 Broadway, Suite 1000

Denver, CO 80201 Denver, CO 80203

## or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-800-764-0442.

| For Broker/Dealer Use Only                     |                       |
|--|-----------------------|
|  |                       |
| Broker/Dealer Name                             | Broker/Dealer Number  |
| Representative Name                            | Representative Number |
| Street Address (Street, City, State, Zip Code) |                       |
| Representative Phone Number                    |                       |