

## NON-QUALIFIED ASSET TRANSFER

To transfer assets to a Index Funds account with individual or joint registration. If you're establishing a new account, please attach a completed Index Funds application form. **Do not use this form to transfer Tax Qualified Retirement Plans.**

### SECTION 1: Account Information

<b>Account Number</b>	<b>Owner's Name (Last, First, Middle Initial)</b>
Owner's Social Security Number	Date of Birth (MM/DD/YY)
Address of Residence (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
(     )                                      (     )	
Day Phone                                      Evening Phone	E-mail Address

### SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 6. Attach a copy of the current account statement.

Type of Plan Being Transferred/Rolled Over	
<b>Current Trustee/Custodian/Employer/Plan Administrator</b>	Account Number
Address of Custodian (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
(     )                                      (     )	
Day Phone                                      Evening Phone	

### SECTION 3: Investment Selection

Note: The Index Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement.

**Type of investment:**

- Mutual Fund     Bank Account     CD     Other \_\_\_\_\_

**Type of Account:**

- Individual     Joint     Other \_\_\_\_\_

**Redemption Instructions:**

- Mutual Fund

Please redeem \_\_\_\_\_% shares.

Please redeem \_\_\_\_\_ shares in kind (Index Funds shares only)

- All full and fractional shares     \$ \_\_\_\_\_ worth of shares

**Type of Account:**

- Individual     Joint     Other \_\_\_\_\_

Note: No Tax Qualified Retirement Accounts

- Bank Account Please withdraw \$ \_\_\_\_\_     CD: Date of Maturity \_\_\_\_\_
- All full and fractional shares     Other \_\_\_\_\_

**SECTION 4: Your Financial Representative**

Name of Firm	Branch Address City, State, Zip Code
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Firm Branch Number	Representative's Name, Number and Telephone
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City, State, Zip Code

*For assistance in completing this form, call the Index Funds at 1-844-GO-INDEX (464-6339).*

**SECTION 5: Transfer Instructions**

*Note: The Index Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement.*

Please make check payable to the Index Funds.

FBO (Account Owner's Name)	Social Security #
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**Investment Allocation**

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
			\$			%
			\$			%
			\$			%
			\$			%
<b>Total</b>			<b>\$</b>		<b>100</b>	<b>%</b>

*Please sign below exactly as your name(s) appear on the account you are redeeming/transferring from. All account owners must sign.*

Signature	Date (MM/DD/YY)
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Signature	Date (MM/DD/YY)
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Daytime Telephone Number

**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

**SECTION 6: Signature Guarantee (continued)**

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

**Investor Instruction to Index Funds:**

- Please open a new Index Funds account for me. I have attached the appropriate application documents to this form.
- Please deposit the proceeds to my existing account:

Index Funds Investment Type

Index Funds Account Number

Amount

**Please mail completed form to:**

**Regular Mail:**

Index Funds  
PO. Box 1920  
Denver, CO 80201

**Overnight Mail:**

Index Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

**or Fax to 866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-844-GO-INDEX (464-6339).