

IRA Transfer or Direct Rollover Request Form

Please print or type, and mail to:

MP 63 FUND, INC.

c/o Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147-4003
Toll-free 1-877-MP 63FUN (676-3386)
Attn: Customer Service Representative

1 Your Personal Information

Name _____
Soc. Sec. No. _____ Date of Birth _____
Address _____
City _____
State _____ Zip _____
Daytime Phone (_____) _____
Evening Phone (_____) _____
MP 63 Account # (if available) _____

2 Transfer Request (Direct Rollover)

I have established an IRA with MP 63 Fund, Inc., of which Firststar N.A. serves as custodian.

I request that my retirement funds be: (check one)

- Transferred from IRA at your firm.
- Transferred from my employer-sponsored plan.
- Transferred from a SIMPLE IRA (SRA).*

I authorize my present Custodian/Trustee to directly send the assets indicated in Section 3 below to my IRA with MP 63 Fund, Inc.

Name of present
Custodian firm _____
Street Address _____
City _____
State _____ Zip _____

*NOTE: SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA (SRA).

3 Payment Information

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

- (1) Immediately liquidate the assets listed below and send the cash proceeds (or write "all").
- (2) Send the assets received at maturity for each of the investments listed below (or write "all").

Investment

Maturity Date
(if applicable)

4 Age 70 1/2 Information

Check one of the following:

- I am under age 70 1/2 and will not turn age 70 1/2 at anytime during the calendar year.
- I am age 70 1/2 or older and understand that no part of my required distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties resulting if I do transfer or roll over any part of my required distribution.

(continued on reverse)

5 SIGNATURES AND CERTIFICATIONS

I certify that I have established an IRA with MP 63 Fund, Inc., of which U.S. Bank, N.A. is the Custodian. 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 with my own tax professional for advice.

 _____
Signature of Individual _____ Date _____

 _____
Signature Guarantee _____ Date _____

TO BE COMPLETED BY U.S. BANK, N.A. REPRESENTATIVE (For office use only)

U.S. Bank, N.A. hereby confirms that it has accepted its appointment as Custodian of the MP 63 Fund, Inc. IRA.
Make check payable to:
MP 63 Fund, Inc., FBO

 _____
Title _____ Date _____

Mail to: **MP 63 FUND, INC.**
c/o Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147-4003