

# Transfer of Assets 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)

## 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 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").

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

## 3 Signatures and Certifications

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 of 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

Send this Transfer Form (along with an application if you do not have an MP 63 Fund account) to:

**MP 63 FUND, INC.**

c/o Mutual Shareholder Services, 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147-4003