



Patient Capital
Management

IRA Transfer Form

(If this is for a new IRA, an IRA Application must accompany this form.)

Regular Mail:

Patient Capital Management
c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

Overnight Mail:

Patient Capital Management
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

! There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in section 6 to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY / STATE / ZIP	
<input type="text"/>		<input type="text"/>	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	

2 Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

<input type="text"/>	<input type="text"/>
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR	FUND NAME, IF APPLICABLE
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	CONTACT PERSON
<input type="text"/>	<input type="text"/>
CONTACT NUMBER	<input type="text"/>
<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY / STATE / ZIP

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below:

☐ All Assets OR ☐ \$ or %

Please process this request:*

☐ Immediately OR ☐ At Maturity

(MONTH / DAY / YEAR)

* If no option is selected, please transfer all assets immediately.

Instructions for Delivery - indicate how you want your current Custodian/Trustee to deliver the assets to U.S. Bank Global Fund Services.

☐ **Wire** - Funds available immediately upon receipt, your Custodian/Trustee may charge a fee for this service.

☐ **Check** - Funds may not be available for 12-15 Business days.

☐ First Class Mail

☐ Overnight Delivery - Take the fee from my account

☐ Overnight Delivery via Third Party - Charge the fee to my FedEx or UPS account

☐ FedEx

☐ UPS

Account/Billing Number

Send the check representing the assets payable to "The Patient Capital Management FBO [Shareholder's Name]" along with a copy of this form to the address at the top of this page.

3 Processing Instructions and Fund Selection

Processing Instructions - indicate how you want us to initiate your transfer/rollover with your current custodian.

- ☐ **Standard Processing Service** - No charge, transfer form will be sent via First Class Mail.
- ☐ **Overnight Delivery** - \$15.00 fee, select one of the options below; if no selection is made we will use First Class Mail.
- We will overnight your transfer form to your current Custodian/Trustee.
 - Physical address must be provided on page one, cannot overnight to a PO Box.
- ☐ Use the attached check made payable to U.S. Bank Global Fund Services
- ☐ Charge the \$15.00 fee to my third party billing provided below
- ☐ FedEx ☐ UPS Account/Billing Number

Type of account being transferred/rolled-over:

- | | | | | |
|--|--|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pension | <input type="checkbox"/> Profit Sharing Plan | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 403(b) | <input type="checkbox"/> Roth 401(k) |
| <input type="checkbox"/> Roth 403(b) | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Inherited IRA | <input type="checkbox"/> Other: <input type="text"/> | | | |

Original Roth IRA funding year (if applicable):

Original SIMPLE IRA funding date (if applicable):

Fund Selection

A Patient Capital Management IRA Packet must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified in the packet will be used if they are different from those indicated below.

	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT		%
<input type="checkbox"/> Patient Opportunity Trust Class A 5840	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Patient Opportunity Trust Class I 5843	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

4 Required Minimum Distribution (RMD) Age Information

Check one of the following:

- ☐ I am under the RMD age and do not turn RMD Age at anytime during this calendar year.
- OR
- ☐ I am RMD age or older and understand that no part of my RMD is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my RMD occurs.

5 Conversion of Traditional IRA to Roth IRA - Optional

- ☐ I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Instructions to Current IRA Custodian or Plan Administrator section. I understand this may be a taxable event and that I am solely responsible for all tax consequences of this conversion.

The Fund's transfer agent will only process the conversion if you check the box above.

6 Signature and Certification Required by the Internal Revenue Service

I certify that I have established an IRA with the Patient Capital Management, of which U.S. Bank, N.A., is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. 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 or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X	
SIGNATURE OF OWNER	DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee is required.

If required, a signature guarantee or a signature validation may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public from a financial institution is able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee or notary stamp for your specific situation.

7 Acceptance / Custodian Authorization

U.S. Bank, N.A., hereby accepts its appointment as Custodian of the above IRA and upon receipt of assets, will deposit such assets in a Patient Capital Management IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, N.A.



Gregory Farley
Senior Vice President-Mutual Fund Operations

**For additional information please call toll-free 800-655-0324 or
visit us on the web at www.patientcapitalmanagement.com/opportunity-trust.**