

IRA TRANSFER/ROLLOVER FORM

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

SECTION 1: Account Information

Account Number	Owner's Name (Last, First, Middle Initial)
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	
Current Trustee/Custodian/Employer/Plan Administrator	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: Transfer/Direct Rollover Instructions

I have established an individual retirement account (IRA) with BOKF, NA dba Colorado State Bank and Trust. Please transfer my assets and follow the instructions below.

I authorize and direct the transfer of the amount stated below to the Insignia Funds.

- Liquidate all assets in my IRA Account Number and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account Number and transfer:

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
			\$ _____		_____	%
			\$ _____		_____	%
			\$ _____		_____	%
			\$ _____		_____	%
Total			\$ _____		100	%

- Liquidate ONLY the assets listed below (**For CD's**): Account Number _____ Immediately At maturity on _____ date
- Direct Rollover.** Directly rollover my qualified plan distribution to my IRA. I would like a distribution from my qualified plan for the following reason:
 - Termination of Employment
 - Death
 - Plan Termination
 - Attainment of Retirement Age (Typically 59 ½)

SECTION 3: Transfer/Direct Rollover Instructions (continued)

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

“In Kind” Transfer. If the account listed in Section 2 contains shares of the Insignia Funds family of funds – you may choose to transfer them “In Kind.” To transfer all other assets, they must be liquidated.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

Make Checks Payable to: Insignia Funds Client Name _____
 FBO Traditional IRA, SEP IRA, or Roth IRA SSN _____

SECTION 4: Transfer/Rollover Investment Allocation

I authorize and direct the transfer of the amount indicated in Section 3 to the Insignia Funds per the below allocation.

You may not transfer from a Roth IRA to a Traditional IRA or a SEP IRA.

Open a new account – I have attached a completed IRA application Invest in my existing Insignia Funds IRA account _____

Investment Allocation

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

SECTION 5: Authorization/Signatures

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with the Insignia Funds and have appointed BOKF, NA dba Colorado State Bank and Trust as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer “in kind” the assets noted above, which your company holds for me.

If I am 70½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to the Insignia Funds, I understand and acknowledge that I am responsible for notifying the Insignia Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9); as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

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 Insignia Funds.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative Date (MM/DD/YY)

Please mail completed form to:

Regular Mail:
Insignia Funds
PO. Box 1920
Denver, CO 80201

Overnight Mail:
Insignia 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 1-855-674-4642.

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	