The Masters' Select Funds

IRA Transfer Form

If this is for a new IRA Account – an IRA Application must accompany this form. Complete this form to transfer existing IRAs and direct rollovers from qualified retirement plans. For help with this form or for more information, call 800-960-0188.

Note: 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 to determine the applicable penalty, if any. Please send all transfer requests at least 3 weeks before maturity to allow for proper time limitations.

PLEASE PRINT. Remember to complete and sign sections 8 and 9 on the reverse side of this form. Please include a copy of your current account statement.

1. Account Registration

Owner's name (first, initial, last)

Owner's social security number

2. Address

Address

City, State, Zip

Daytime phone | Evening phone

E-mail address

3. Instructions to Current IRA Custodian or Plan Administrator

Current Custodian or Plan Administrator

Address

City, State, Zip

Contact Person | Daytime phone

Fund Name

Account #
Account number

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

❑ All Assets OR ❑ $_______________ OR ❑ _______%

Please process this request:

❑ immediately OR ❑ at maturity ____________________
(month/day/year)

Note: All assets are to be sold immediately if no selections are made above.

Send the check representing the assets payable to Masters' Select Funds, along with a copy of this form to the address below:

Masters' Select Funds
FBO
(Owner's name)
c/o Boston Financial Data Services
P.O. Box 219922
Kansas City, MO 64121-9922

4. Investment Choices

Note: Per Fund minimum initial investment is $1,000. An IRA Account Application must be completed to process this transfer if a new account is being established.

$/% .... **Masters' Select Equity Fund (#305)**

$/% .... **Masters' Select International Fund (#306)**

$/% .... **Masters' Select Value Fund (#307)**

$/% .... **Masters' Select Smaller Companies Fund (#308)**

$/% .... **Masters' Select Focused Opportunities Fund (#314)**

$/% .... **Total Investment**

5. Account Type

Refer to disclosure statement for eligibility requirements.

Traditional IRA Account
❑ IRA to IRA Trustee-to-Trustee Transfer

IRA Rollover Account
❑ Rollover IRA to Rollover IRA Trustee-to-Trustee Transfer

❑ Direct rollover from qualified plan – complete any additional form(s) required by your Plan Administrator
❑ Corporate ❑ Pension ❑ PSP ❑ 401(k) ❑ 403(b)
❑ Other ___________________

ROTH IRA Account
❑ Roth IRA to Roth IRA Trustee-to-Trustee Transfer

SEP (Simplified Employee Pension Plan)
❑ Trustee-to-Trustee Transfer from an IRA or SEP IRA Account

6. Conversion of Traditional IRA to Roth IRA

❑ Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Conversion Roth IRA.

7. Existing Masters' Select IRA Account

I already have an IRA account with Masters' Select Funds and the account number is:

Shareholder Account #
(account number)

- Continued on reverse -

8. Age 70 1/2 Information

Check one of the following:

- ❑ I am under the age of 70 1 /2 and do not turn 70 1 /2 at anytime during the calendar year, or
- ❑ I am age 70 1 /2 or older and understand that if my transfer includes a required minimum distribution amount that is eligible for transfer that it is my responsibility to request the withdrawal by the deadline, and further to provide information needed to calculate such withdrawal, and that significant tax penalties may result if I do not withdraw the required amount by the deadline for the tax year.

9. Signature of Depositor

I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each Fund I select. Please read the Masters' Select Funds prospectus before investing.

I understand that the requirements for a valid transfer to a Traditional IRA, SEP IRA, Roth IRA or SIMPLE IRA are complex and I acknowledge that I have the responsibility for complying with all requirements and for the tax results of any such transfer.

I, the undersigned Depositor, certify to the current IRA custodian or trustee that I have established a successor Individual Retirement Custodial Account meeting the requirements of Internal Revenue Code Section 408(a), 408(k), 408(p) or 408A (as the case may be) to which assets will be transferred, and I certify to State Street Bank and Trust Company that the account from which assets are being transferred meets the requirements of Internal Revenue Code and that the transfer satisfies the requirement for nontaxable transaction.

X ....

Signature of Depositor Date (mo/day/yr)

SIGNATURE GUARANTEE (only if required by current Custodian or Trustee; signature by a notary public is not acceptable)

Signature guaranteed by: ______________________________

Name of Bank or Dealer Firm

____

Signature of Officer and Title

10. Acceptance by New Custodian
(Completed by State Street Bank and Trust Company)

State Street Bank and Trust Company agrees to accept transfer of the above amount for deposit to the Depositor's State Street Bank and Trust Company Individual Retirement Custodial Account, and requests the liquidation and transfer of assets as indicated above.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

V2007-09

Mail completed forms and checks to: Masters' Select Funds, c/o Boston Financial Data Services, P.O. Box 219922, Kansas City, Mo 64121-9922

For Overnight Delivery: Masters' Select Funds, c/o Boston Financial Data Services, 330 W. 9th Street, Kansas City, MO 64105