

# IRA TRANSFER OR DIRECT ROLLOVER REQUEST FORM

Cavanal Hill Funds, P.O. Box 182730, Columbus, OH 43218-2730, 800-762-7085

## 1. GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## 2. TRANSFER/DIRECT ROLLOVER REQUEST

Name of present Custodian, Trustee or Plan Administrator \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Account Number \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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

- Transferred from another IRA
- Directly rolled over from my employer-sponsored retirement plan
- Transferred from a SIMPLE IRA\*

\*SIMPLE IRA funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA.

## 3. ASSET LIQUIDATION INSTRUCTIONS

If this is a direct rollover, I authorize the Employer to distribute to me any Required Minimum Distribution before the direct rollover is made. Complete Section C below. If this is a transfer, please check A or B. Section C must be completed.

- A.  I am under age 70½ and will not turn 70½ at any time during this calendar year.
- B.  I am age 70½ or older. I authorize the Custodian or Trustee named above to (check one):
- Distribute my Required Minimum Distribution to me prior to transferring my IRA assets.
  - Segregate and retain my Required Minimum Distribution amount.
  - Include the Required Minimum Distribution in the transfer.
  - Required Minimum Distribution taken from IRA held elsewhere.

C.	Asset Description	Quantity to be Transferred/ Rolled Over	Liquidate Immediately	Liquidate at Maturity	Transfer/Direct Rollover in Kind
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please make check payable to:** Cavanal Hill Funds FBO (Investor's Name) IRA.  
**Mail to:** Cavanal Hill Funds, P.O. Box 182730, Columbus, OH 43218-2730.

## 4. INVESTMENT INSTRUCTIONS

- This is a new IRA. My IRA Application (including my investment selections) is attached.
- I have an existing IRA. Please invest the proceeds of the transfer/direct rollover as follows:

Fund Name	Account Number	Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**5. SIGNATURE AND CERTIFICATION**

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I certify that I have established an IRA with Cavanal Hill Funds, of which BOKF, NA is Custodian.

I authorize the transfer or direct rollover of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian, Trustee or Plan Administrator. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I understand that special rules apply for SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.

If this is a direct rollover, I have read and understand the IRC Sec. 402(f) Notice provided to me by the Plan Administrator. Due to the important tax consequences of rolling funds over to an IRA, I have been advised to see a tax advisor. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Custodian or Trustee of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

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*Signature of Individual*

*Date*

*Signature Guarantee*

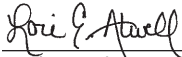
*Date*

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**6. ACCEPTANCE**

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BOKF, NA agrees to accept Custodianship and the transfer/direct rollover described above for the Cavanal Hill Funds IRA established on behalf of the above-named individual. BOKF, NA accepts its appointment as successor Custodian of the above IRA and agrees to accept the assets being transferred/directly rolled over.



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Authorized Signature – BOKF, NA  
6242 East 41st Street  
BTC 2 West  
Tulsa, OK 74135