

INHERITED IRA TRANSFER REQUEST

IRA Trustee's or Custodian's Name and Address:

Regular Mail Delivery
BCM Focus Funds
PO Box 2175
Milwaukee, WI 53201-2175

Overnight Delivery
BCM Focus Funds
c/o UMB Fund Services, Inc
235 W Galena Street
Milwaukee, WI 53212

The Inherited IRA Transfer Request is used to facilitate a transfer of assets between two Inherited IRAs.

PART I: INHERITED IRA OWNER INFORMATION		
Name:	Taxpayer ID Number:	Date of Birth:
Residence Address:		
Mailing Address:		
Primary Phone:	Email Address:	
PART II: DECEASED IRA OWNER INFORMATION		
Name:	Taxpayer ID Number:	
Date of Birth:	Date of Death:	
PART III: CURRENT INHERITED IRA TRUSTEE/CUSTO	DIAN INFORMATION	
IRA Trustee/Custodian Name:	Phone:	
Address:		
PART IV: TRANSFER INSTRUCTIONS To request an Inherited IRA-to Inherited IRA transfer, please check the		
distribution from the Inherited IRA for the current year, it is my re IRA (or another eligible Inherited IRA) before the end of the caler PART V: TRANSFER DESCRIPTION (Select One)		
☐ Inherited Traditional/SEP IRA to Inherited Traditional/SEP IRA		Number:an Number:
☐ Inherited Roth IRA to Inherited Roth IRA		Number:an Number:
☐ Inherited SIMPLE IRA to Inherited SIMPLE IRA	Current Inherited IRA Account/Plan Receiving Inherited IRA Account/Plan	Number:an Number:
☐ Inherited SIMPLE IRA to Inherited Traditional/SEP IRA*	Current Inherited IRA Account/Plan Receiving Inherited IRA Account/Plan	Number:an Number:
*You may not transfer SIMPLE IRA assets to a Traditional/SEP II participation in the employer's SIMPLE IRA plan.		
☐ Other: (Explain)		

PART VI: LIQUIDATION INS	TRUCTIONS			
I authorize and direct the current IR	A trustee/custodian to liquidate assets as follows (s	select one).		
☐ Immediately liquidate all asset	s and send the cash proceeds to the receiving Inher	ited IRA Trustee/Cus	todian.	
	of the current IRA and send the proceed instructions may be required.)	ds to the receiving Inh	nerited IRA Trustee	e/Custodian.
☐ Transfer in-kind				
☐ Other (describe):				
PART VII: INVESTMENT	SELECTION (RECEIVING IRA)			
Name of Investi	nent Share Class (if applicable)		Allocation	
1.		\$	or	%
2.		\$	or	%
3.		\$	or	%
TOTAL		\$	or_	%
	nal investment selections. If you need additional spested above. Sign and date the sheet.	ace to make investme	ent selections, attac	h a separate sheet that
PART VIII: TRANSFER INST	RUCTIONS			
☐ By Check: Make check payable as follow FBO	s: BCM Focus Funds as Custodian (Name of IRA Own	ner) Traditional, SEP,	SIMPLE or Roth	IRA (as applicable)
Please mail check to:	Regular Mail Delivery BCM Focus Funds PO Box 2175 Milwaukee, WI 53201-2175	BCM Fo C/O UN 235 W G	ght Delivery ocus Funds MB Fund Services, Galena Street kee, WI 53212	Inc
☐ By Wire For wire instruc	etions call 1-888-885-8859			

PART IX: ACKNOWLEDGEMENT		
By signing this <i>Inherited IRA Transfer Request</i> , I certify that Trustee/Custodian to directly transfer the IRA assets as indiconsequences related to executing my directions. I understated all responsibilities for any consequences that arise resulting and have not been provided any such advice from the Truster requirements, special rules apply; and I assume responsibility payouts from this Inherited IRA must continue as required by payouts.	cated. I will indemnify and hold the IRA Trustee/Cust nd that I am responsible for ensuring I am eligible to a from my actions or inactions. I have been advised to see/Custodian. I understand that if I am subject to the rety for my actions or inactions regarding those issues. I	todian harmless from any authorize this transfer and I assume seek competent legal and tax advice equired minimum distribution also understand that beneficiary
Signature of Inherited IRA Owner:		Date:
Medal	lion signature guarantee (if required)	
Please check with your current trustee/custodian to determing A Medallion signature guarantee may be obtained from any credit unions and brokerage firms participating in the Securi STAMP, SEMP and MSP. A notary public stamp or seal in	eligible guarantor institution. These institutions includities Transfer Association Medallion Program. Approv	de U.S. banks, savings associations,
PART X: ACCEPTANCE		
By signing below, UMB Bank, n.a, agrees to accept this trans	nsfer as instructed above.	
Signature of Receiving IRA Trustee/Custodian Representation	ive:	Date: