

# Individual Retirement Account (IRA) Transfer Form



Please complete this form to transfer existing IRAs and direct rollovers from qualified retirement plans and 403(b) accounts to Baird. If you have questions, call (toll-free) 866-442-2473.

**Overnight express mail to:**  
Baird Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 East Michigan Street, 3<sup>rd</sup> Floor  
Milwaukee, WI 53202-5207

**Mail to:**  
Baird Funds  
c/o U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

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 7 to order this transfer, U.S. Bancorp Fund Services, LLC will initiate your request upon receipt of this form.

## 1. Account Registration

\_\_\_\_\_  
Owner's name (first, middle, last)

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Date of birth

## 2. Contact Information

### Permanent Street Address

Residential address or principal place of business – no P.O. Box or foreign addresses.

### Mailing Address (if different from street address)

No foreign addresses. If completed, this address will be used as the Address of Record for all statements, checks and required mailings.

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Apt./Suite

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Apt./Suite

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Evening phone number

### 3. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

\_\_\_\_\_  
Current custodian or plan administrator

\_\_\_\_\_  
Fund name, if applicable

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City/State/Zip

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA or Inherited IRA, or to directly roll over 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 Trustee/Custodian to deliver the assets to U.S. Bancorp Fund Services, LLC.)

**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 \_\_\_\_\_

**Process Instructions** (Indicate how you want us to initiate your transfer/rollover.)

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 previous Custodian/Trustee

• Physical address must be provided, cannot overnight to a P.O. Box

Use the attached check made payable to U.S. Bancorp Fund Services, LLC.

Charge the \$15.00 fee to my third-party billing provided below.

FedEx  UPS Account/Billing number \_\_\_\_\_

**Type of account being transferred/rolled over:**

Pension  Profit-Sharing Plan  401(k)  403(b)  Roth 401(k)  Roth 403(b)  Traditional IRA

SEP IRA  SIMPLE IRA  Roth IRA  Inherited IRA  Other \_\_\_\_\_

**Original Roth IRA funding year (if applicable):** \_\_\_\_\_

**Original SIMPLE IRA funding date (if applicable):** \_\_\_\_\_

Send the check representing the assets payable to "The Baird Funds FBO [Shareholder's Name]" along with a copy of this form to the address as the top of page 1.

#### 4. Fund Selections

**A Baird Funds IRA Account Application must be completed to process this transfer if a new account is being established.**  
The Fund(s) and the allocation(s) specified on the application will be used if they are different from those indicated below.

_____	_____	\$ _____	OR _____%
Fund name	Account number (write "New Account" if new)	Amount	Percentage
_____	_____	\$ _____	OR _____%
Fund name	Account number (write "New Account" if new)	Amount	Percentage
_____	_____	\$ _____	OR _____%
Fund name	Account number (write "New Account" if new)	Amount	Percentage

#### 5. Age 70½ Information

Check one of the following:

I am under the age of 70½ and do not turn 70½ at any time during this calendar year.

**OR**

I am 70½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my required distribution occurs.

#### 6. 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 Section 2. I understand this may be a taxable event and that I am solely responsible for all tax consequences of this conversion.

***The Funds' transfer agent will only process the conversion if you check the box above.***

## 7. Signature and Certification

I certify that I have established an IRA with the Baird Funds, 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. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

<b>To complete the application, you must sign here.</b>	<b>X</b> _____	_____	_____
	Signature of owner or guardian	Please print name	Date
	<b>X</b> _____	_____	_____
	Signature guarantee* (for transfers from another Custodian)		Date

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

\*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near our signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a notary public seal or stamp is not acceptable.

## 8. Acceptance/Custodian Authorization

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

U.S. BANK, N.A.

***Before mailing this application, have you...***

- Entered your Social Security number in Section 1?
- Signed your application in Section 7?
- Obtained a Signature Guarantee in Section 7, if applicable?