

Please Print Clearly

GENERAL INFORMATION

Please complete the items below if you are transferring assets from another institution or are initiating a direct rollover from a corporate retirement plan or from another IRA to a Tributary Funds Individual Retirement Account (IRA). If this is a new Tributary Funds IRA, and IRA Adoption Agreement must also be completed by you.

We will contact your present Trustee/Custodian to arrange the transfer. If you have any questions or need additional forms, please call 1-800-662-4203.

1 IRA Registration

NAME OF IRA ACCOUNT HOLDER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DAYTIME TELEPHONE _____

TRIBUTARY FUNDS IRA ACCOUNT NUMBER (IF KNOWN) _____

2 Present Trustee/Custodian

NAME OF PRESENT TRUSTEE/CUSTODIAN OR PLAN ADMINISTRATOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

3 Account Type To Be Transferred

IRA

Transfer/Rollover IRA

Employer Qualified Plan

Roth Contributory IRA; account start date: _____

Roth Conversion IRA; account start date: _____

SEP IRA

Simple IRA

4 Transfer/Direct Rollover Instructions

I have established an Individual Retirement Account (IRA) with the Tributary Funds. Please transfer my assets in accordance with the instructions below and mail the check to the address shown in item 7. Make the check payable to the Tributary Funds.

Complete Transfer/Rollover - move entire balance from my current retirement account number _____

Partial Transfer/Rollover - move only a portion from my current retirement account number _____
Amount to Transfer/Rollover _____ % or \$ _____

Direct Rollover - roll over my qualified plan to my IRA .
Name of Plan: _____
Name of Employer: _____

For CDs Only: Liquidate only the assets listed below.
Account Number _____

Immediately At maturity on _____
Account Number _____

Immediately At maturity on _____

5 Required Distribution Election Information

This section is to be completed by existing Custodian/Trustee or Plan Administrator if the individual is age 70 1/2 or older this year.

Life Expectancy:

Single life expectancy Joint life expectancy

Recalculation Recalculation

Non-recalculation Non-recalculation

The amount withheld must satisfy this year's required distribution \$ _____

If joint life expectancy _____

NAME OF DESIGNATED BENEFICIARY _____

Spouse Non-spouse _____
Beneficiary Birthdate _____

December 31 Account Valuation \$ _____

SIGNATURE OF CURRENT CUSTODIAN/TRUSTEE OR PLAN ADMINISTRATOR _____

6 Signature and Authorization

I hereby agree to the terms and conditions set forth in this transfer authorization and acknowledge having established a Tributary Funds IRA through execution of the Tributary Funds IRA Adoption Agreement.

SIGNATURE _____ DATE _____

NOTE: Your present Custodian may require a signature guarantee. Please check with that institution for requirements.

If required, please complete the following:

NAME OF BANK OR FIRM _____

SIGNATURE OF OFFICER _____ TITLE _____

(Place Stamp Here)

7 Mail the Completed Form To:

Regular Mail:	Overnight Mail:
Tributary Funds	Tributary Funds
P.O. Box 219022	430 West 7th Street
Kansas City, MO 64121-9022	Kansas City, MO 64105