

# FORESTER VALUE FUND IRA TRANSFER REQUEST

Use this form when transferring your IRA directly to a Forester Value Fund account from another institution. A recent copy of your current account statement would be appreciated. An IRA application must also be completed if this is a new account. Please call us toll free at 1-800-388-0365 with any questions.

*Mail to:*

Forester Value Fund  
8000 Town Centre Dr, Ste 400  
Broadview Hts., OH 44147

*For help with this form call:  
1-800-388-0365 toll free*

## YOUR NAME

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

## NAME AND ADDRESS OF PRESENT TRUSTEE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
ACCOUNT DESCRIPTION (FUND NAME, CD, ETC) \_\_\_\_\_

## WHERE TO INVEST YOUR IRA

- I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.
- PLEASE DEPOSIT IN MY EXISTING IRA:  
ACCOUNT# \_\_\_\_\_

## AUTHORIZATION FOR TRANSFER

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING IRA:  
PLEASE LIQUIDATE AND TRANSFER:

- \$ \_\_\_\_\_ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR  UPON MATURITY

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

**SIGNATURE GUARANTEED BY:**  
NAME OF BANK OR FIRM \_\_\_\_\_  
SIGNATURE OF OFFICER \_\_\_\_\_  
TITLE OF OFFICER \_\_\_\_\_

TO BE COMPLETED BY HUNTINGTON NATIONAL BANK CUSTODIAN FOR FORESTER VALUE FUND

## ACCEPTANCE OF APPOINTMENT

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Forester Value Fund. To ensure proper crediting, please return the check made payable to:

FORESTER VALUE FUND FBO \_\_\_\_\_

MAIL TO:  
FORESTER VALUE FUND  
C/O MUTUAL SHAREHOLDER SERVICES  
8000 TOWN CENTRE DR, STE 400  
BROADVIEW HEIGHTS, OH 44147

*Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.*

CUSTODIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_