



IRA Transfer Form

If this is for a new IRA Account,
an IRA Application must accompany this form.

Mail to: Greenspring Fund
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Greenspring Fund
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free 1-800-576-7498 or visit us on the web at www.greenspringfund.com.

! 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 Six to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1. Investor Information

FIRST NAME _____ MI _____ LAST NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
CITY / STATE / ZIP _____
() _____ () _____
DAYTIME PHONE NUMBER EVENING PHONE NUMBER

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR _____ FUND NAME _____
ACCOUNT NUMBER _____ CONTACT PERSON _____ CONTACT 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 rollover 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.

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 "Greenspring Fund" FBO [Shareholders's Name] along with a copy of this form to the address at the top of page one.

3. Investment Selection

A Greenspring Fund IRA Account Application must be completed to process this transfer if a new account is being established. All money received will be purchased into your account.

- Establish a New Greenspring Fund Account
- Use My Existing Greenspring Fund Account

EXISTING ACCOUNT NUMBER (IF APPLICABLE) _____

4. Required Minimum Distribution (RMD) Age Information

Check one of the following:

- I am under the RMD age and do not turn RMD Age at anytime during this calendar year.

OR

- I am RMD age or older and understand that no part of my RMD is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my RMD occurs.

5. 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 Two. I understand this may be a taxable event. By signing below I agree that I am solely responsible for all tax consequences of this conversion.

OWNER'S SIGNATURE* _____

DATE (MM/DD/YYYY) _____

***The Fund's Transfer Agent cannot process the conversion without a signature above.**

6. Signature and Certification

I certify that I have established an IRA with Greenspring Fund, of which U.S. Bank, NA, 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. Bank Global Fund Services to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

SIGNATURE OF OWNER (OR GUARDIAN IF IRA OWNER IS A MINOR) _____

DATE (MM/DD/YYYY) _____

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN) _____

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 each of your signatures being guaranteed. 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.**

7. Acceptance / Custodian Authorization

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

U.S. Bank, NA,

