

IRA DIRECT ROLLOVER REQUEST FORM



SYMONS
CAPITAL MANAGEMENT

The **IRA Direct Rollover Request Form** is used to facilitate the direct rollover of assets between a tax-qualified plan and a Traditional or Roth IRA. This form should not be used to facilitate a rollover or direct transfer of assets between IRAs. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-877-6SY-MONS (877-679-6667).

PART I: IRA OWNER INFORMATION (RECEIVING IRA) (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Mailing Address (if different from above)

City

State

Zip Code

Daytime Phone*

Evening Phone

PART II: DISTRIBUTING PLAN INFORMATION (PLEASE ATTACH A RECENT STATEMENT)

Name of Plan Participant*

Plan Name/Number*

Name of Plan Sponsor/Employer*

Plan Sponsor/Employer's Phone Number*

P. O. Box*

Suite #

City*

State*

Zip Code*

***Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: ROLLOVER DESCRIPTION (PLEASE ATTACH A STATEMENT)

- Distributing Plan Type (Select One):
- Qualified Plan under IRC Sec. 401(a) (including 401(k) plans)
 - 457(b) Deferred Compensation Arrangement
 - 403(b) Tax Sheltered Annuity (including 403(b)(7) Custodial Accounts)
 - Designated Roth account under a 401(k) or 403(b) plan (Note: Select this option only if you are rolling over assets to a Roth IRA.)
 - Other*: _____

* Note: Only qualifying distributions from eligible retirement plans defined in IRC Sec. 402(c)(8)(B) are eligible to be rolled over to an IRA.

PART IV: DIRECT ROLLOVER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this rollover will purchase shares into my existing account as listed below.

Account Number _____

Rollover Allocation

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Percentage
1. Symons Alpha Growth Institutional Fund	%
2. Symons Alpha Value Institutional Fund	%

PART V: LIQUIDATION INSTRUCTIONS

I authorize and direct the current plan trustee/custodian to liquidate assets as follows (select one).

- Immediately rollover entire balance and send the cash proceeds to the IRA Trustee/Custodian identified below.

- Partially rollover \$ _____ of the current plan balance and send the proceeds to the IRA Trustee/Custodian identified below.
(Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)

- Other (describe): _____

*Note: If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Symons Institutional Funds: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Symons Institutional Funds
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Symons Institutional Funds
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208

