

Certificate of Deposit Transfer

- Transfer the proceeds of my CD, which matures on _____, upon maturity
Date (MM/DD/YYYY)
- Transfer the proceeds of my CD immediately

Note: If you are transferring a CD, and you wish to transfer your CD at maturity, please check the "Upon Maturity" box above and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

5. SIGNATURE AND AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Form, and acknowledge establishing an IRA in the DF Dent Growth Funds through my execution of a DF Dent Growth Funds IRA Application.

Please Note: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please check with your custodian to determine if a "Signature Guarantee" is required.

▷ _____
Your Signature

Date (MM/DD/YYYY)

▷ _____
Signature Guarantee (if required by your current custodian)

Fed Wire Asset Transfer: By checking this box, I authorize my IRA asset transfer(s) to be transferred via Fed Wire. I understand that my resigning trustee/custodian may charge a wire fee for this service.

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH QUALIFIED PLAN ROLLOVER BENEFICIARY IRA

Please forward a check made payable to the **DF Dent Growth Funds, FBO** _____

Please include the following reference number on the check _____

Please forward the check or draft and any accompanying documents to:

Regular Mail

DF Dent Growth Funds
P.O. Box 588
Portland, ME 04112

Overnight Delivery

DF Dent Growth Funds
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Wire Delivery

The Huntington National Bank
Westerville, OH
Atlantic Shareholder Services, LLC FBO
Forum Funds
ABA 044000024
Account # 01892542416
DF Dent Growth Funds
(Fund Account Number)

Contact us toll-free at: (866) 2DF-DENT or (866) 233-3368

INSTRUCTIONS FROM ACCEPTING CUSTODIAN

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to the DF Dent Growth Funds IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of the DF Dent Growth Funds)

Date (MM/DD/YYYY)