



GENERAL INFORMATION

Please read the Funds' prospectus for important information about the Funds and the IRA Custodial Agreement and Disclosure Statement for important information regarding IRA Investments and retain them for your files.

Please complete the items below if you are transferring assets from another institution, are initiating a direct rollover from a corporate retirement plan, a transfer from another IRA to a ARGA Funds IRA or converting a traditional IRA at another institution to a ARGA Funds Roth Conversion IRA. If this is a new IRA account in the ARGA Funds, you must also complete an IRA Application.

We will contact your present Trustee/Custodian to arrange the transfer. If you have any questions or need additional forms, please call 866-234-ARGA.

If transfer/rollover is being added to an existing ARGA Funds IRA account, please provide account number: _____.

Please print or type all items except signature.

1 IRA REGISTRATION

NAME OF IRA ACCOUNT HOLDER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____
()

SOCIAL SECURITY NUMBER _____ DAYTIME TELEPHONE # _____

E-MAIL ADDRESS _____

2 PRESENT TRUSTEE/CUSTODIAN

NAME OF PRESENT TRUSTEE/CUSTODIAN OR PLAN ADMINISTRATOR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FUND NAME & ACCOUNT NUMBER AT PRESENT TRUSTEE
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TELEPHONE NUMBER OF PRESENT TRUSTEE/CUSTODIAN _____

3 TRANSFER/DIRECT ROLLOVER INSTRUCTIONS

I have established an Individual Retirement Account (IRA). Please transfer my assets in accordance with the instructions below and mail the check to: ARGA Funds, P.O. Box 588, Portland, ME 04112. **Make the check payable to: ARGA Funds.**

- Liquidate all assets in my IRA Account and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account and transfer \$ _____.
- Liquidate ONLY the assets listed below (For CDs):
Account Number _____
 Immediately At maturity on: _____.
- Directly roll over my qualified plan distribution to my IRA.
(Contact your employer for additional requirements).

4 ACCOUNT TYPE TO BE TRANSFERRED

- IRA
- Rollover IRA
- Employer Qualified Plan, 401(k), Profit Sharing Plan
- Roth Contributory IRA, original start date of _____
- Roth Conversion IRA, original start date of _____
- SEP IRA

5 SIGNATURE & AUTHORIZATION

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

SIGNATURE _____ DATE _____

NOTE: Your present Custodian may require a signature guarantee. Please check with that institution for requirements. If required, please complete the following:

Signature Guaranteed By:

NAME OF BANK OR FIRM _____

SIGNATURE OF OFFICER _____ TITLE _____



This section to be completed by SEI Private Trust Company

SEI Private Trust Company hereby agrees to accept the transfer described above and upon receipt of cash or other assets will apply the proceeds to the ARGA Funds Customer Sub-Account established on behalf of the Customer.

SEI PRIVATE TRUST COMPANY:

BY _____ DATE _____

TITLE _____