



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 WHG Funds IRA or converting a traditional IRA at another institution to a WHG Roth Conversion IRA. If this is a new IRA account in the WHG 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 1-877-FUND-WHG.

Please print or type all items except signature.

1 IRA REGISTRATION

NAME OF IRA ACCOUNTHOLDER

STREET ADDRESS

CITY STATE ZIP

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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

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: WHG Funds, P.O. Box 219009, Kansas City, MO 64121-9009. Make the check payable to **WHG 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
- 457 Plan
- 403(b) Plan

5 SIGNATURE & AUTHORIZATION

I hereby agree to the terms and conditions set forth in this transfer authorization and acknowledge having established a WHG 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

(Place Stamp Here)

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 Cambiar Funds Customer Sub-Account established on behalf of the Customer.

SEI PRIVATE TRUST COMPANY:

BY

DATE

TITLE