



# IRA Transfer Form

*If this is for a new IRA account, an IRA Application must accompany this form*

**Mail to:**  
 PRIMECAP Odyssey Funds  
 c/o U.S. Bancorp Fund Services, LLC  
 P. O. Box 701  
 Milwaukee, WI 53201-0701

**Overnight Express Mail To:**  
 PRIMECAP Odyssey Funds  
 c/o U.S. Bancorp Fund Services, LLC  
 615 E. Michigan St. FL 3  
 Milwaukee, WI 53202-5207

For additional information, please call toll-free (800) 729-2307 or visit us on the web at [www.odysseyfunds.com](http://www.odysseyfunds.com).

**Important Shareholder Information**

*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, and/or if you need a signature guarantee in Section Six to order this transfer. U.S. Bancorp Fund Services, LLC will initiate your request upon receipt of this form.*

**1. Investor Information**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ 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 \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

- All Assets
- OR
- \$ \_\_\_\_\_ or \_\_\_\_\_ %

Please process this request:

- immediately
- OR
- at maturity \_\_\_\_\_ (month / day / year)

Note: Please liquidate all assets if no selections are made.

Send the check representing the assets payable to "PRIMECAP Odyssey Funds" along with a copy of this form to:

PRIMECAP Odyssey Funds  
 FBO [Shareholder Name]  
 [Account Number]  
 c/o US Bancorp Fund Services, LLC  
 P. O. Box 701  
 Milwaukee, WI 53201-0701

**3. Account Information**

A PRIMECAP Odyssey Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

	New	Existing	Account # (if applicable)	Amount	Percentage
<input type="checkbox"/> Odyssey Growth Fund	1650	<input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____ OR _____ %	
<input type="checkbox"/> Odyssey Aggressive Growth	1651	<input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____ OR _____ %	
<input type="checkbox"/> Odyssey Stock Fund	1652	<input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____ OR _____ %	

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**4. Age 70 ½  
Information**

Check one of the following:

- I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year  
OR  
 I am age 70 ½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

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**5. Conversion of  
Traditional IRA to  
Roth IRA**

- Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

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**6. Signature and  
Certification**

Please check with the financial institution from which you are transferring assets to determine whether you must obtain a signature guarantee before that institution will release your IRA assets. If a signature guarantee is required and you do not provide one, this transaction will not be processed. *Important: If you need a signature guarantee, please wait to sign this form until you're in the presence of an authorized officer of the guarantor institution.\**

I certify that I have established an IRA with PRIMECAP Odyssey Funds, of which U.S. Bank, NA, is the Custodian. 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. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

**X**

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

\_\_\_\_\_  
DATE (Mo / Day / Yr)

\_\_\_\_\_  
SIGNATURE GUARANTEE\* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

*\*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 signature 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.*

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**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 PRIMECAP Odyssey Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, NA,



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**Before you mail, have you:**

- Completed an IRA Account Application if the transfer or direct rollover is going to a new account?  
 Included documents from your current custodian or plan administrator, if required?  
 Signed this form in Section 6?  
 Consulted with your current custodian about any applicable fees or penalties and whether or not you need a signature guarantee?