

## **IRA Transfer/Rollover Form**

If this is for a new IRA Account, an IRA Application must accompany this form.

Permanent Portfolio®, The Permanent Portfolio Family of Funds®, A Fund for All Seasons® and The Permanent Portfolio Family of Funds logo are registered trademarks of Pacific Heights Asset Management, LLC. This document is Copyright © 2020 Permanent Portfolio Family of Funds. All rights reserved.

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, or if you need a signature guarantee in Section 6 to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

## For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds

c/o U.S. Bank Global Fund Services

P.O. Box 701

Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds c/o U.S. Bank Global Fund Services 615 E. Michigan Street, FL3

Milwaukee, WI 53202-5207

1. Investor Information							
FIRST NAME	M.I. LAST NAMI	E SOCIAL SECURITY NUMBER					
ADDRESS		CITY/STATE/ZIP					
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER					
2. Instructions to Current IRA	Custodian or Plan Admin	istrator					
Please include a copy of your current acc	count statement.						
CURRENT CUCTORIAN OR BLAN ADMINIST	ID A TYO D						
CURRENT CUSTODIAN OR PLAN ADMINIST	RATOR						
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER					
STREET ADDRESS		CITY/STATE/ZIP					
Consider this your authorization to redee directly rollover my qualified retirement p		Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to					
☐ All Assets <b>OR</b> ☐ \$	or%						
Please process this request:*  ☐ Immediately OR ☐ At Maturity _	(month/day/	(vear)					
* If no option is selected, please transfer a	all assets immediately.	<i>yy</i>					
Type of account being transferred/r  ☐ Pension ☐ Profit Sharing Plan ☐		1(k) Roth 403(b) Traditional IRA					
☐ SEP IRA ☐ SIMPLE IRA ☐ Rot	h IRA  Inherited IRA  Oth	er					
Original Roth IRA funding year (if applications of the control of							
Original SIMPLE IRA funding date (if ap)		nily of Funds FBO [Shareholder's Name]" along with a copy of this form to the					
address at the top of this page.	yanie to refinalient Portiono Pam	my of runds rdo [Shareholder's Name] along with a copy of this form to the					

3. Investment Selection						
A Permanent Portfolio Family of Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Portfolio(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.						
	New	Existing	Account # (if applicable)	Amount	%	
Permanent Portfolio Class I (1500)					OR	
☐ Aggressive Growth Portfolio Class I (1501)					OR	
☐ Short-Term Treasury Portfolio Class I (1502)					OR	
☐ Versatile Bond Portfolio Class I (1503)					OR	
4. Required Minimum Distribution (I	RMD)	) Age Inf	ormation			
Check one of the following:  I am under the RMD age and do not turn the RMD age at anytime during this calendar year.  OR  I am RMD age or older and understand that no part of my RMD is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my RMD occurs.						
5. Conversion of Traditional IRA to Ro	oth IF	RA - (opt	ional)			
I am converting assets from a Traditional IRA to a invest the proceeds into a new or existing Roth IRA that I am solely responsible for all tax consequence	accour	nt, as indica	ted in Section 2. I understar			
OWNER'S SIGNATURE*				DATE (MM/DD/YYYY)		
*The Fund's Transfer Agent cannot process	the co	nversion w	vithout a signature above	e <b>.</b>		

6. Signature	
I certify that I have established an IRA with Permanent Portfolio Family of Funds, a Delaware statutory true Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documents of the I am responsible for determining my eligibility for all transfers or direct rollovers. I agree that all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its a consult with my own tax professional for advice.	umentation or a signature guarantee is required to hold the Custodian harmless against any and
I authorize U.S. Bank Global Fund Services to act on my behalf in contacting the current custodian or plan ac	lministrator to facilitate the transfer of assets.
SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]	DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE\* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

**IMPORTANT:** Please contact your current Custodian to determine if a signature guarantee is required.\*

\*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 your signature. 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.

## 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 Permanent Portfolio Family of Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, NA

Page 3 of 3