INDIVIDUAL RETIREMENT TRANSFER OF ASSETS FORM

Please complete this form only if you are transferring assets directly to a new or existing The Covered Bridge Fund IRA, converting from a Traditional IRA to a Roth IRA, transferring from an existing Roth IRA, rolling over a Roth IRA, or you are requesting a direct rollover from an employer sponsored plan. Please complete a separate form for each IRA you wish to transfer or for each qualified plan you are directly rolling over. If you are establishing a new The Covered Bridge Fund IRA, this form must be preceded or accompanied by a completed Individual Retirement Custodial Account Adoption Agreement. Transfers may take 3 to 5 weeks to complete after your paperwork is received in good order.

For Additional Copies or Assistance
If you need additional copies of this form, or would like assistance completing it, please call The Covered Bridge Fund at (**855) 525-2151**.

Instructions

- If you are establishing a new The Covered Bridge Fund IRA, this form must be preceded or accompanied by a completed Individual Retirement Account Adoption Agreement.
- Mail this Transfer Form to:
  The Covered Bridge Fund
  c/o Gemini Fund Services, LLC
  PO Box 541150
  Omaha, NE 68154
- Retain a copy for your records.

1. ACCOUNT REGISTRATION

Please provide your primary legal address, in addition to any mailing address (if different).

Owner's Name (First, Middle, Last)	Social Security Number
Street Address	Date of Birth
City, State, Zip	Daytime Telephone
Email Address	Evening Telephone

☐ This is a new IRA account with The Covered Bridge Fund. I have completed and enclosed an IRA Application with this transfer form.

☐ This is an existing IRA. Please apply transfer proceeds to my account number: ____________________

2. CURRENT IRA CUSTODIAN/TRUSTEE INFORMATION

Name of Current Custodian or Trustee	Account Name
Street Address	Account Number
City, State, Zip	Telephone Number of Current Custodian

Please attach a copy of the most recent statement for this account.

3. TRANSFER INFORMATION

Please transfer assets from the above account to Constellation Trust Company. Transfer should be according to the following instructions:

This transfer is a: (check one)

☐ Full Transfer. Please liquidate all assets in my account.

☐ Partial Transfer Liquidate$ _________ from my account.

☐ Transfer in kind:

Please transfer ___________ shares of ______________
(Fund Name)

The type of account I am transferring from is a: (check one)

☐ Traditional IRA
☐ Rollover IRA
☐ SEP IRA
☐ Roth IRA
☐ Roth Conversion IRA
☐ SIMPLE IRA
☐ Qualified Retirement Plan
☐ 403 (B) Plan/Tax Shelter Annuity
☐ Coverdell ESA

This transfer should be made: (check one)

☐ Immediately

☐ Upon maturity (if applicable). Maturity date is: _________
(Please return this form 2 weeks prior to maturity)

The type of account I am transferring to is a: (check one)

☐ Traditional IRA
☐ Rollover IRA
☐ SEP IRA
☐ Roth IRA
☐ Roth Conversion IRA
☐ SIMPLE IRA
☐ 403 (B) Plan
☐ Coverdell ESA

I understand that the requirements for a valid transfer to a Traditional IRA or Roth IRA are complex and I acknowledge that I have the responsibility for complying with all requirements and for the tax results of any such transfer.

4. TAX WITHOLDING ELECTION

Please complete this section only if you are transferring from another type of IRA to a Roth IRA

Under IRA rules, a transfer of a Traditional IRA, SEP IRA or SIMPLE IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the other IRA. IRS rules also require the custodian to withhold 10% of the conversion amount for federal income taxes unless no withholding has been elected. See IRS Publication 505, “Tax Withholding and Estimated Tax” for more information. State tax withholding may also apply if federal income tax is withheld.

□ No income tax withholding □ Withhold 10% for income tax □ Withhold ______% for income tax

Important: Withholding income taxes from the amount transferred (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of transferring from another IRA to a Roth IRA (consult your financial advisor if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box above. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

5. CERTIFICATIONS AND SIGNATURES

I certify to the current IRA custodian or trustee that I have established a successor Individual Retirement Custodial Account meeting the requirements of the Internal revenue Code to which assets will be transferred, and I certify to Constellation Trust Company that the account from which assets are being transferred meets the requirements of the Internal Revenue Code and that the transfer satisfies the requirements for nontaxable transaction. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

____
IRA account Owner’s Signature

____
Date

Medallion Signature Guarantee* (if required):
Some Custodians/Trustees require a signature guarantee to transfer assets. Please check with your Custodian/Trustee to see if they require a medallion signature guarantee. Failure to obtain a required signature guarantee may result in a delay in the transfer of assets.

*A signature guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.

6. CUSTODIAN ACCEPTANCE

Constellation Trust Company agrees to accept the transfer of the above amount for deposit in a Constellation Trust Company Individual Retirement Custodial Account for the individual set forth in Section 1 of this form, and requests the transfer of assets as indicated above.

Accepted by:____ Date:____

7. TRANSFER INSTRUCTIONS

Make check payable to:

The Covered Bridge Fund

FBO: ____

Account Number: ____________________________________

Mail to: The Covered Bridge Fund
c/o Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 68154
Or
Via Overnight Delivery
17605 Wright Street, Suite 2
Omaha, NE 68130

TO CONTACT US:

By Telephone
Toll-free **(855) 525-2151**

Internet
www.thecoveredbridgefund.com

Distributed by Northern Lights Fund Distributors, LLC