



IRA Transfer Form

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

Mail to: CrossingBridge Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: CrossingBridge Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

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 Six to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME		M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>			<input type="text"/>	
ADDRESS			CITY / STATE / ZIP	
<input type="text"/>		<input type="text"/>		
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		

2 Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

<input type="text"/>		<input type="text"/>	
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR		FUND NAME, IF APPLICABLE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER	
<input type="text"/>		<input type="text"/>	
STREET ADDRESS		CITY / STATE / ZIP	

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below: *

☐ All Assets OR ☐ \$ or %

Please process this request:*

☐ Immediately OR ☐ At Maturity (month / day / year)

* If no option is selected, please transfer all assets immediately.

Instructions for Delivery (indicate how you want your current Trustee/Custodian to deliver the assets to U.S. Bank Global Fund Services)

☐ Wire - Funds available immediately upon receipt, your Custodian/Trustee may charge a fee for this service

☐ Check - Funds may not be available for 12-15 Business days

☐ First Class Mail ☐ Overnight Delivery - Take the fee from my account ☐ Overnight Delivery via Third Party - Charge the fee to my FedEx or UPS account

☐ FedEx ☐ UPS Account/Billing Number _____

Processing Instructions (indicate how you want us to initiate your transfer/rollover)

☐ Standard Processing Service- No Charge, transfer form will be sent via First Class Mail

☐ Overnight Delivery- \$15.00 fee, select one of the options below; if no selection is made we will use First Class Mail

• We will overnight your transfer form to your previous Custodian/Trustee

• Physical address must be provided, cannot overnight to a PO BOX

☐ Use the attached check made payable to U.S. Bank Global Fund Services

☐ Charge the \$15.00 fee to my third party billing provided below

☐ FedEx ☐ UPS Account/Billing Number _____

2 Instruction to Current IRA Custodian or Plan Administrator continued

Type of account being transferred/rolled-over:

☐ Pension ☐ Profit Sharing Plan ☐ 401(k) ☐ 403(b) ☐ Roth 401(k) ☐ Roth 403(b) ☐ Traditional IRA

☐ SEP IRA ☐ SIMPLE IRA ☐ Roth IRA ☐ Inherited IRA ☐ Other

Original Roth IRA funding year (if applicable):

Original SIMPLE IRA funding date (if applicable):

Send the check representing the assets payable to "The CrossingBridge Funds FBO [Shareholder's Name]" along with a copy of this form to the address at the top of page one.

3 Investment Selection

A CrossingBridge 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 indicated below.

	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT		%
<input type="checkbox"/> CrossingBridge Low Duration High Yield Fund - Inst. Class (3720)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> CrossingBridge Ultra-Short Duration Fund - Inst. Class (5645)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> CrossingBridge Responsible Credit Fund - Inst. Class (5646)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> RiverPark Strategic Income Fund - Inst. Class (5838)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

4 Required Minimum Distribution (RMD) Age Information

Check one of the following:

☐ I am under the RMD age and do not turn 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 Roth IRA - Optional

☐ I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Section Two. I understand this may be a taxable event and that I am solely responsible for all tax consequences of this conversion.

The Fund's transfer agent will only process the conversion if you check the box above.

6 Signature and Certification Required by the Internal Revenue Service

I certify that I have established an IRA with the CrossingBridge Funds, of which U.S. Bank, N.A., is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. 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. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER

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, N.A., hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a CrossingBridge Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, N.A.



For additional information please call toll-free 888-898-2780 or visit us on the web at www.crossingbridgefunds.com.