

# **Transfer Form**

Overnight Delivery: Wasatch Funds 803 W. Michigan St., Suite A Milwaukee, WI 53233-2301 Regular Mail: Wasatch Funds P.O. Box 2172 Milwaukee, WI 53201-2172

Instructions: Use this form when transferring funds from an existing non-Wasatch Funds account to a Wasatch Funds account. Please call 800.551.1700 for Fund information, literature, prices and Wasatch account information. If you are establishing a new account, you must also fill out a Wasatch Funds Application. Include a copy of your most recent account statement from the current trustee or custodian.

Name of Trustee/Custodian (Bank, Mutual Fund Compar	ny, etc.)	_
Address		Phone Number
City / State / Zip		Account Number
re		fold here
INVESTOR INFORMATION (REQUIR	ED)	
Name		Social Security Number
Daytime Phone Number	Evening Phone Number	E-mail Address
Transfer to existing Wasatch account #	_	
Transfer to new Wasatch account. Pleas		
_		
TRANSFER INSTRUCTIONS (REQU	IRED)	
Select one:    Liquidate and transfer cas	*Acco type	fer existing Wasatch Fund assets in kind* bunt registrations must be alike. Certain account a do not allow in-kind transfers and must be ed with cash.
Maturity date for Certificates of Deposit (if	applicable): Transfer	immediately at maturity
Select one: Transfer my entire acount	(continue to section 3)  Trans	fer a <b>portion</b> of my account as detailed below:
Select one: Transfer my entire acount	(continue to section 3)	fer a <b>portion</b> of my account as detailed below:
		•
Investment Name	Symbol/CUSIP	Approximate Value
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Investment Name  All OR # of Shares:  Investment Name	Symbol/CUSIP  OR  \$ Amount:  Symbol/CUSIP	Approximate Value OR
Investment Name  All OR # of Shares:  Investment Name  All OR # of Shares:	Symbol/CUSIP  OR  \$\square\$ \$Amount:  Symbol/CUSIP  OR  \$\square\$ \$Amount:	Approximate Value  OR
Investment Name All OR # of Shares:  Investment Name All OR # of Shares:  Investment Name Investment Name	Symbol/CUSIP  OR  \$\square\$ \$Amount:  Symbol/CUSIP  OR  \$\square\$ \$Amount:	Approximate Value  OR
Investment Name  All OR # of Shares:  Investment Name  All OR # of Shares:	Symbol/CUSIP  OR  \$\square\$ \$Amount:  Symbol/CUSIP  OR  \$\square\$ \$Amount:	Approximate Value  OR
Investment Name All OR # of Shares:  Investment Name All OR # of Shares:  Investment Name Investment Name	Symbol/CUSIP  OR  \$\square\$ \$Amount:  Symbol/CUSIP  OR  \$\square\$ \$Amount:	Approximate Value  OR

If you need more space, provide the same information on a separate sheet.



2	INIVECTMENT	INICTRICTIO	NS (REQUIRED)
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For Fund names, numbers and status, please see the "About Wasatch" insert in the Fulfillment Kit, log onto www.wasatchfunds.com or call Shareholder Services at 800.551.1700.

Fund Name	Fund #	Amount	or	If amount is unknown, state percentage (%)
		\$		%
		\$		%
		\$		%
		\$		%
		\$		%
	TOTAL	\$	or	100%

If you need more space, provide the same information on a separate sheet.

If a specific fund is not selected, your contribution will be invested in the WA-Federated Money Market Account until we receive further notice.

### 4. ASSET TRANSFER (REQUIRED)

Typically, the registration type and ownership of the account you are transferring should match the registration type and ownership of the account you maintain or are opening with Wasatch Funds. Please see your tax advisor regarding the tax consequences of transferring, rolling over, or converting your retirement assets.

Type of account yo	u are transferring FROM	Type of accour	nt you are transferring TO		
(please select one):		(plea	(please select one):		
IRA	NON-IRA	IRA	NON-IRA		
Traditional IRA	Individual	Traditional IRA	Individual		
Rollover IRA	Joint	Rollover IRA	Joint		
Roth IRA	UGMA/UTMA	Roth IRA	UGMA/UTMA		
☐ SEP IRA	Corporation	☐ SEP IRA	Corporation		
☐ SIMPLE IRA	Trust/Estate	☐ SIMPLE IRA	Trust/Estate		
Coverdell IRA	Partnership	Coverdell IRA	Partnership		
Qualified Plan	Other		Other		
Please specify:	Please specify:		Please specify:		
■ Employer Sponsored					
Plan or Roth Employer					
Sponsored Plan					
Please specify:					
		I			
	P. L. San		1540		
	s, did you inherit these assets from	n a deceased participant or benefi	ciary IRA?		
☐ Yes* ☐ No					
*If yes, are you the spouse and	d sole beneficiary of the assets ar	nd opting to treat the IRA as your o	own?		
☐ Yes ☐ No					

When transferring retirement assets, if you are age 70½ or older you must take your minimum annual distribution from your account with the current custodian prior to transferring assets to Wasatch Funds.

Please check with your current trustee/custodian to determine if a Medallion signature guarantee is required to process this transfer. Upon receipt of the completed form(s), we will contact the current trustee/custodian and submit the request for transfer. We will notify you when the transfer has been completed and your funds have been invested in Wasatch Funds.



# 5. WITHHOLDING NOTICE AND ELECTION FORM (FORM W4P/OMB NO. 1545-0074) DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE

#### Complete only if you are converting a Traditional, SEP, or SIMPLE IRA to a Roth IRA.

6.

Notice: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withhold from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

Form W-4P to withhold income tax or to waive withholding.	vv-4F or substitute. If you are a non-resident alien you may not use
<b>Election:</b> Unless you indicate a different withholding amount below or you waive withheld from your IRA distribution.	withholding by indicating your election below, ten percent will be
☐ I do not want federal income tax withheld from distributions from this	account.
☐ I want federal income tax of 10% withheld from distributions from this	s account.
☐ I want federal income tax of% (greater than 10%) withheld from	m distributions from this account.
SIGNATURE(S) (REQUIRED)	
To current trustee/custodian:	
Please consider this authorization to transfer the assets in the according these assets to the fund(s) named in section 3 for which UMB Bank	
I certify that I have received and read the prospectus(es) for the fund(s)	into which I am transferring my assets.
I further acknowledge that the Wasatch Funds are distributed by ALPS I distributed by Federated Securities Corp. and offered by a separate proceederated Securities Corp. are not affiliated persons of the Wasatch Fundant agreement with federated Securities Corp. and/or its affiliates, Wasats services for the WA-Federated Money Market Account.	spectus. The WA-Federated Money Market Account and nds or their investment advisor, Wasatch Advisors, Inc. Through
Signature of Individual or Custodian	Date
Signature of Joint Owner, Trustee, Partner, Officer, Other	Date
Signature of Joint Owner, Trustee, Partner, Officer, Other	Date
Signature of Joint Owner, Trustee, Partner, Officer, Other	Date
Medallion signature guara	antee (if required)
Г	
Stamp here	e

Go paperless! You can receive shareholder reports (prospectus updates, annual and semi-annual reports) and statements (transaction confirmations and account statements) electronically. To enroll for this service, please visit our web site.



# 7. ACCEPTANCE

# This portion to be completed by UMB Bank, n.a., custodian for Wasatch Funds.

Please be advised that UMB Bank, n.a. has been appointed to serve as successor custodian of this account. For assets transferred in cash please send a check representing the liquidation of the investments indicated within this form along with a copy of this form to identify the check as a transfer of assets to the address below. For existing Wasatch assets to be transferred in kind please execute the requested transfer as indicated within this form.

For assets transferred in cash please remit check payable to:	
Wasatch Funds	
FBO:	
Account #:	
P.O. Box 2172	
Milwaukee, WI 53201-2172	
Successor Trustee/Custodian Signature	Date