

Only complete this form if: 1) You are filling out an Education IRA Application in order to open a new Education IRA account and also want to directly rollover from an existing Education IRA elsewhere, 2) You already have an Education IRA elsewhere and want to move it into an existing Davis Fund Education IRA you already have with us. Please complete the form below and send it with your Education IRA application to **Davis Funds, P.O. Box 8406, Boston, MA 02266-8406**.  
**For overnight delivery: State Street Bank & Trust Co., C/O Davis Funds, 66 Brooks Drive, Braintree, MA 02184**

**1. NAME, ADDRESS AND CONSENT OF PERSON WHO CONTROLS THE CURRENT SENDING ACCOUNT**

Name

Address

City

State

Zip Code

Mother  Father  Guardian\*  Student

\* If "guardian," submit proof of guardianship.

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Social Security Number

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Daytime Telephone Number

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Evening Telephone Number

By signing below, I authorize and direct the current custodian or trustee to make the transfer specified in this form. Note: Your current Trustee or Custodian may require signature to be guaranteed. Call them for requirements.

Name

Signature

Date

Signature Guarantee (if required)

**2. NAME OF STUDENT BENEFITING UNDER THE STATE STREET BANK EDUCATION IRA, (Identified in Section A of the Application.)**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_

City

State

Zip Code

**3. INSTRUCTIONS TO CURRENT EDUCATION IRA CUSTODIAN OR TRUSTEE**

Current Account # \_\_\_\_\_ Name of Custodian/Trustee \_\_\_\_\_

Attn: Mr./Ms. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please transfer assets from the above account to State Street Bank and Trust Company. Transfer should be in check made payable to State Street Bank and Trust Company. C/O Davis Funds according to the following instructions:

Transfer the total amount in this Account. OR  Transfer \$ \_\_\_\_\_ and retain the balance.

**4. WHERE TO INVEST YOUR EDUCATION IRA**

I am opening a new account and have attached an Education IRA Application.

Please deposit proceeds in my existing Davis Funds Education IRA.

Fund Name \_\_\_\_\_ Account # \_\_\_\_\_

**5. SIGNATURE OF STUDENT OR PARENT**

If Student is a minor under the law of Student's state of residence, the parent or guardian must execute this Education IRA Transfer of Assets or Direct Rollover Form.

Student/Parent (please circle) \_\_\_\_\_ Date \_\_\_\_\_

**6. DO NOT COMPLETE THIS SECTION**

Instruction for delivery to the Davis Funds Education IRA account

Letter of Acceptance - State Street Bank and Trust Company hereby accepts custodianship for the Education IRA of the above-named individual. Please liquidate, and transfer on a custodian-to-custodian basis, all or part of the designated account as instructed in Section 3 and send the check payable to "Davis Funds" with a copy of this request.

Accepted by \_\_\_\_\_ Date \_\_\_\_\_