



IRA Asset Transfer Form

1. INSTRUCTIONS

This form is used to transfer an existing IRA to your Sound Shore Fund IRA.

- If a new account is being opened, complete this IRA Asset Transfer Form and an Individual Retirement Account Application.
- Include a statement from your existing IRA with this form.
- If you are transferring a passbook/certificate type account or an insurance type IRA, you must submit the passbook, certificate or insurance policy with this form.
- **The current custodian or trustee holding your IRA may require a "Signature Guarantee" or have other requirements. Please determine the requirements of your current custodian or trustee to avoid delays in processing your transfer.**
- Mail this completed form (along with your Individual Retirement Account Application, if opening a new account) to:

**Sound Shore Fund
P.O. Box 588
Portland, ME 04112**

or Overnight Delivery to:

**Sound Shore Fund
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101**

Contact us toll-free at: (800) 551-1980

2. YOUR SOUND SHORE FUND IRA

Your Name _____		Your Account Number (unless new account) _____	Social Security Number _____
Your Mailing Address _____			
City _____	State _____	Zip Code _____	E-mail _____
Birth Date _____	Telephone (day) _____	Telephone (evening) _____	

3. ACCOUNT BEING TRANSFERRED

Name of the Institution Currently Holding Your IRA (Shareholder Servicing Agent/Transfer Agent if mutual fund) _____			
Your Custodian's Mailing Address _____			
City _____	State _____	Zip Code _____	Customer Service Telephone Number _____
Account Number _____	Account Executive (if any) _____		

4. TRANSFER INSTRUCTIONS

Mutual Fund Company Transfer

Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares <input type="checkbox"/> Liquidate \$ _____
Name of Fund _____	Select One: <input type="checkbox"/> Liquidate All Shares <input type="checkbox"/> Liquidate \$ _____

Securities Transfer

Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares <input type="checkbox"/> Liquidate \$ _____
Security Name _____	Select One: <input type="checkbox"/> Liquidate All Shares <input type="checkbox"/> Liquidate \$ _____

Certificate of Deposit Transfer

- Transfer the proceeds of my CD, which matures on _____, upon maturity
Date (MM/DD/YYYY)
- Transfer the proceeds of my CD immediately

Note: If you are transferring a CD, and you wish to transfer your CD at maturity, please check the "Upon Maturity" box above and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

5. SIGNATURE AND AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Form, and acknowledge establishing an IRA in the Sound Shore Fund through my execution of a Sound Shore Fund IRA Application.

Please Note: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please check with your custodian to determine if a "Signature Guarantee" is required.

Your Signature

Date (MM/DD/YYYY)

Signature Guarantee (if required by your current custodian)

Fed Wire Asset Transfer: By checking this box, I authorize my IRA asset transfer(s) to be transferred via Fed Wire. I understand that my resigning trustee/custodian may charge a wire fee for this service.

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH QUALIFIED PLAN ROLLOVER BENEFICIARY IRA

Please forward a check made payable to the **Sound Shore Fund, FBO** _____

Please include the following reference number on the check _____

Please forward the check or draft and any accompanying documents to:

Regular Mail

Sound Shore Fund
P.O. Box 588
Portland, ME 04112

Overnight Delivery

Sound Shore Fund
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Wire Delivery

MUFG Union Bank
Los Angeles, CA
ABA 122000496
Atlantic Shareholder Services, LLC FBO
Sound Shore Fund
Account # 0050715590
(Fund Account Number)

Contact us toll-free at: (800) 551-1980

INSTRUCTIONS FROM ACCEPTING CUSTODIAN

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to the Sound Shore Fund IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of the Sound Shore Fund)

Date (MM/DD/YYYY)