

IRA Transfer Form

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

Mail to:

Osterweis Funds c/o U.S. Bank Global Fund Services P.O. Box 701 Milwaukee, WI 53201-0701

Overnight Express Mail to:

Osterweis Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207 (866) 236-0050 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.

First Name	M.I.	Last Name			
Street Address		City, State, Zip			
Social Security Number		Email Address			
Preferred Phone Number		Alternative (Secondary) Phone Number			
Administrator (Please include a co		ppy of your current account statement.) Account Number			
			Contact Number		
Contact Person		Contact Number			
		Contact Number City, State, Zip			
Contact Person Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below:	-	City, State, Zip			
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA,	, or Inher	City, State, Zip my investment an ited IRA, or to dire			
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below: All Assets OR \$, or Inher	City, State, Zip my investment an ited IRA, or to dire or%	ctly rollover my qualified		
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below: All Assets OR \$, or Inher	City, State, Zip e my investment an ited IRA, or to dire or%	ctly rollover my qualified		
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below:	or Inher	city, State, Zip my investment an ited IRA, or to dire or	ctly rollover my qualified		
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below: All Assets OR \$ Please process this request:* Immediately OR At Maturity * If no option is selected, please transfered/ Type of account being transferred/ Pension Rollover IRA	er all asser	City, State, Zip my investment an ited IRA, or to dire or	ctly rollover my qualified h / day / year)		
Street Address Consider this your authorization to IRA, SEP IRA, SIMPLE IRA, Roth IRA, retirement plan as directed below: All Assets OR \$ Please process this request:* Immediately OR At Maturity If no option is selected, please transferred/	er all asset	City, State, Zip my investment an ited IRA, or to dire or	ctly rollover my qualified		

Updated 10/2024 Page 1 of 3

New	Existing	Account Number*	A	
			Amou	nt %
			\$	OR
t transfo	erring my :	required minimum distr ny RMD by the required	date. I further ເ	ınderstand that I ma
to a Rot eeds int	h IRA. Upo o a new o	on receiving the assets f r existing Roth IRA acco	ount, as indicat	ed in Section Two.
			Date (N	MM/DD/YYYY)
1	70½ at t transfit I must be sign to a Rote eds integring be	t transferring my at I must still take rebe significant tax to a Roth IRA. Updeeds into a new or gning below I agree	70½ at anytime during this calendar year. It transferring my required minimum distret I must still take my RMD by the required be significant tax penalties if my RMD is not a Roth IRA (Optional) to a Roth IRA. Upon receiving the assets feeds into a new or existing Roth IRA according	70½ at anytime during this calendar year. It transferring my required minimum distribution amount it I must still take my RMD by the required date. I further use be significant tax penalties if my RMD is not properly distribution. A to Roth IRA (Optional) to a Roth IRA. Upon receiving the assets from my current ends into a new or existing Roth IRA account, as indicating gring below I agree that I am solely responsible for all tax

Updated 10/2024 Page 2 of 3

6. Signature and Certification

I certify that I have established an IRA with the Osterweis Funds, of which U.S. Bank, NA, 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.

Date (MM/DD/YYYY)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

7. Acceptance/Custodian Authorization

U.S. Bank, NA, hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in an Osterweis Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, NA

Gregory Farley

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Senior Vice President-Mutual Fund Operations

For additional information please call toll-free (866) 236-0050 or visit us at www.osterweis.com.

^{*} 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.