## **KEELEY FUNDS**

## **IRA CONVERSION & TRANSFER REQUEST FORM**

Use this form only when converting your Regular IRA that exists at another institution. A Roth Conversion IRA Form must also be completed if a new account is being established. Complete a separate form for each account being transferred. If you have questions about completing this form, call 800-422-3554.

1. YOUR NAME (Please Pr	int)	
Name	Social Security Number	Phone Number
Address		
City	State	Zip Code
2. INFORMATION ABOUT	YOUR PRESENT IRA	
Name of Resigning Trustee, Custodian	n or Institution	
Address of Resigning Trustee, Custod	ian or Institution	
City	State	Zip Code
Phone number of Resigning Trustee, 0	Custodian, or Institution	
Your name, or name on Individual Retirement Account		Account Number
Name of Mutual Fund, Brokerage Firm	, or Bank, etc.	
3. PLEASE COMPLETE FO	R ALL TRANSFERS	
Please check the box indicating the	source of money now being transferred	d:
Regular Contribution IRA	Regular Rollover IRA	SEP-IRA
My transfer should be invested as f	ollows:	
KEELEY Fund Name	Account Number*	% or Amount
KEELEY Fund Name	Account Number*	% or Amount
KEELEY Fund Name	Account Number*	% or Amount

Revised: October 1, 2018

\* Write "new" if establishing a new Roth Conversion IRA.

4. INSTRUCTIONS FOR RESIGNING TR	USTEE (Authorization to Transfer IRA Accounts)
I have established a Roth Conversion IRA account wit	th the KEELEY Funds. Please liquidate and forward to KEELEY Funds:
All Assets	or
Upon Maturity Date	or Immediately (I am aware of any penalty which may occur.)
<b>Note:</b> If you are transferring a CD when it matures, please make check payable to KEELEY Funds.	ase send us this form at least two weeks prior to maturity.
I understand that this transfer of assets is to be execu constructive receipt of all or any part of the transferre	ted as a fiduciary to fiduciary so as not to put me in actual or ed assets.
Your Name, or the name on the Individual Retirement Acc	count
Present IRA Account Number	
<b>Note:</b> To the resigning custodian or trustee: Please atta address below.	ch a copy of this authorization to your check when you send it to the
6. SIGNATURE	
V	
X IRA Owner's Signature	Date
AN IMPORTANT NOTICE	
Your resigning trustee may require that your signatur	e be Medallion Guaranteed. Please contact them for their requirements.
MEDALLION GUARANTEED BY:	

Please mail completed application to: KEELEY Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope

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