

IRA to 401(k) Transfer Form

(Non-Roth Accounts Only)

CALIFORNIA INVESTMENT TRUST

INVESTOR INFORMATION

FUND GROUP

Full Name

Social Security Number

Street Address (no P.O. Box)

City

State

Zip Code

(_____) _____
Daytime Phone

Email

_____/_____/_____
Birthdate

44 Montgomery Street Suite 2100
San Francisco, CA 94104-4708

(800) 225-8778
(415) 421-2019 Fax

www.caltrust.com

PLEASE TRANSFER MY ACCOUNT FROM:

CURRENT CUSTODIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT NUMBER _____ TRANSFER AT MATURITY DATE (IF APPLICABLE) ____/____/____

PLEASE WRITE CHECK AS FOLLOWS: (Please call (800) 225-8778 for assistance)

MG Trust Company # 000220 FBO: (Employee Name/ Company Name) _____

PLAN INFORMATION:

PLAN NAME _____ EMPLOYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYEE SIGNATURE

To current Custodian:

Please consider this your authority to sell all my assets \$ _____ of my assets in the account(s) identified above and prepare a check made payable to California Investment Trust. It is my intention to transfer these assets to the above indicated Fund(s), as part of an employer sponsored qualified retirement plan. I certify that I have received and read the prospectus for the Fund into which I am transferring my IRA. Thank you for your prompt handling.

Please check with your current Custodian to verify that a Medallion Signature Guarantee is required.

Signature of Owner

Date

Signature of Joint Owner

Date

Bank Signature Guarantee

Date

Title and Name of Institution

Affix Stamp Here

SPONSOR SIGNATURE & ACCEPTANCE:

Trustee Authorization: I hereby accept these funds as successor trustee, and upon receipt of assets, will deposit such assets in a Qualified retirement plan on behalf of the depositor authorizing this transfer or direct rollover.

Signature

Date