

Rollover Certification/Direct Rollover Request



- Send completed form to: Victory Funds, P. O. Box 182593, Columbus, OH 43218-2593
- For use with Traditional IRA, Roth IRA, SEP IRA and SIMPLE IRA Victory Fund Retirement Accounts.

Social Security Number: _____

Account Holder Information

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

Former Employer

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLAN ACCOUNT NUMBER _____

CONTACT PERSON _____ PHONE NUMBER _____

Rollover Instructions

Please liquidate:

- all, or
 part (\$ _____)

of my retirement assets and make check payable to:

Victory Funds, FBO: _____ IRA

and send to: Victory Funds
P.O. Box 182593
Columbus, OH 43218-2593

Description of asset to be liquidated:

Required Minimum Distribution Restriction

Age 70½ Restrictions – If this rollover is being made during or after the year in which you turn age 70½, you cannot roll over any distribution which would constitute a required minimum distribution. Please check with your Plan Administrator or former Custodian for more information.

I understand the rules and conditions applicable to rollovers and certify that I qualify for a rollover of the funds to be accepted by KeyBank as Custodian. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor.

I hereby irrevocably designate this contribution of the funds indicated above as a rollover contribution.

ACCOUNT HOLDER DATE

Direct Rollover Request

I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, Custodian or Issuer of either the distributing or receiving plans liable for any adverse consequences that may result.

ACCOUNT HOLDER DATE

Custodial Acceptance

Sungard, as agent for KeyBank agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets as specified on this form.

AUTHORIZED KEYBANK SIGNATURE DATE