



IRA TRANSFER/ROLLOVER FORM

IMPORTANT: If transferring to a new Forward Funds account, please complete a new Account Application Form along with Transfer of Assets Form.

SECTION 1: Account Information

Account Number	Owner's Name (Last, First, Middle Initial)
Owner's Social Security Number	Date of Birth (MM/DD/YY)
Address of Residence - P.O. Box is not accepted	City, State, Zip Code
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip Code
() ()	
Day Phone	Evening Phone
	E-mail Address

SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 6. Attach a copy of the current account statement.

Type of Plan Being Transferred/Rolled Over

Current Trustee/Custodian/Employer/Plan Administrator	Account Number
Address of Custodian (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
() ()	
Day Phone	Evening Phone

SECTION 3: Transfer/Direct Rollover Instructions

I have established an individual retirement account (IRA) with BOKF, NA dba Colorado State Bank and Trust. Please transfer my assets and follow the instructions below.

I authorize and direct the transfer of the amount stated below to the Forward Funds.

Current Custodian Account Type (date opened: _____) <input type="checkbox"/> IRA <input type="checkbox"/> 401k <input type="checkbox"/> Roth IRA <input type="checkbox"/> 403b <input type="checkbox"/> Simple IRA <input type="checkbox"/> Pension Plan <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Profit Sharing	Forward Funds Account Type <input type="checkbox"/> IRA <input type="checkbox"/> 401k <input type="checkbox"/> Roth IRA <input type="checkbox"/> Pension Plan <input type="checkbox"/> Simple IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Beneficiary IRA <input type="checkbox"/> Other
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- Liquidate all assets in my IRA Account Number and transfer the entire proceeds.
- Liquidate only part of my assets in my IRA Account Number and transfer:

Fund Name	Share Class	Ticker	Amount	or	Percent	%
			\$ _____			%
			\$ _____			%
			\$ _____			%
			\$ _____			%
Total			\$ _____		100	%

- Liquidate ONLY the assets listed below (**For CD's**): Account Number _____ Immediately At maturity on _____ date
- Direct Rollover.** Directly rollover my qualified plan distribution to my IRA. I would like a distribution from my qualified plan for the following reason:
 - Termination of Employment
 - Death
 - Plan Termination
 - Attainment of Retirement Age (Typically 59 ½)

SECTION 3: Transfer/Direct Rollover Instructions (continued)

Fund Name	Share Class	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

“In Kind” Transfer. If the account listed in Section 2 contains shares of the Forward Funds family of funds – you may choose to transfer them “In Kind.” To transfer all other assets, they must be liquidated.

Fund Name	Share Class	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

Make Checks Payable to: Forward Funds Client Name _____
 FBO Traditional IRA, SEP IRA, or Roth IRA SSN _____

SECTION 4: Transfer/Rollover Investment Allocation

I authorize and direct the transfer of the amount indicated in Section 3 to the Forward Funds per the below allocation.

Open a new account – I have attached a completed IRA application Invest in my existing Forward Funds IRA account _____

Investment Allocation

Fund Name	Share Class	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

SECTION 5: Payment Instructions

By Fed-Wire

State Street Bank & Trust Company
 ABA# 011000028
 Boston, MA
 Credit to ALPS Fund Services
 FBO Forward Funds Account #00195933
 Account Name: Forward

Shareholder Name _____
 Shareholder Account # _____

By Check

Payable to Forward Funds IRA FBO

Your Name _____

Forward Funds Account # _____

Please write “IRA Transfer” or Direct Rollover” on the check. Do not include after tax contributions or required minimum distributions.

Mail to: Forward Funds
 PO. Box 1345
 Denver, CO 80201-9925

Overnight:
 Forward Funds
 c/o ALPS Fund Services, Inc.
 1290 Broadway, Ste 1100
 Denver, CO 80203

SECTION 6: Authorization/Signatures

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with the Forward Funds and have appointed BOKF, NA dba Colorado State Bank and Trust as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer “in kind” the assets noted above, which your company holds for me.

SECTION 6: Authorization/Signatures (continued)

If I am 70½ years of age or older and have begun taking my minimum required distributions from the account which is being transferred to the Forward Funds, I understand and acknowledge that I am responsible for notifying the Forward Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9); as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

Owner's Signature

Date (MM/DD/YY)

SECTION 7: Signature Guarantee

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - Savings Associations
 - Trust Companies

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

SECTION 8: BOKF, NA dba Colorado State Bank and Trust

To be completed by the Custodian.

This is to inform you that BOKF, NA dba Colorado State Bank and Trust will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by BOKF, NA dba Colorado State Bank and Trust as Custodian for the Forward Funds.

BOKF, NA dba Colorado State Bank and Trust Authorized Representative

Date (MM/DD/YY)

Please mail completed form to:

Regular Mail:
Forward Funds
PO. Box 1345
Denver, CO 80201

Overnight Mail:
Forward Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-800-999-6809 or visit www.salientpartners.com.