FIRSTHAND FUNDS INDIVIDUAL RETIREMENT ACCOUNT (IRA) TRANSFER OF ASSETS / DIRECT ROLLOVER FORM



Use this form to request an IRA transfer of assets or a direct rollover (excluding qualified rollover contributions (conversions) to a Roth IRA) from an existing retirement plan account to your IRA at Firsthand Funds. Based on your instructions, BNY Mellon Investment Servicing Trust Company will initiate the transfer or rollover for you. If you reached or passed the age Required Minimum Distributions begin (age 70 ½ if you were born on or prior to June 30, 1949 and age 72 if you were born on or after July 1, 1949), you are responsible for distributing any required minimum distribution amounts from your current retirement plan account (excluding Roth IRAs) in advance of the transfer or rollover. Incomplete information will result in delays in processing your request. If you need assistance completing this form, please contact Shareholder Services at 1-888-884-2675.

DIRECT ROLLOVER NOTICE

If this contribution is a direct rollover from a qualified plan, 403(b), or 457 plan, I understand that by signing page 2 of this form, I am acknowledging that the direct rollover contribution is an irrevocable election and is no longer eligible for special tax treatment which may be accorded to distributions from a qualified plan, 403(b), or 457 plan.

You should contact your current plan administrator or custodian prior to completing this form to ensure that you have received and completed any in-house forms that they may require. Direct rollovers from a qualified plan to an IRA can only be in the form of cash.

PA	RTICIPANT INFORMATION				
Nan	ne:	Cell Phone: ()			
Address:		Alternate Telephone: ()			
City	:	State:	Zip Code:		
Soci	ial Security Number:	Date of Birth:			
IN	/ESTMENT INSTRUCTIONS				
Con	nplete items A, B, C and D.				
A.	☐ I am opening a new IRA and have attached the required IRA Application.				
	Deposit the proceeds into my existing IRA. Account Number:				
В.	Type of account transferring into:	SEP IRA Roth IRA			
c.	Invest as follows:				
	Fund Name:		Percentage	%	
	Fund Name:		Percentage	%	
	Fund Name:		Percentage	%	
D.	Type of Request:		Must	equal 100%	
	☐ IRA Transfer of Assets (like accounts)* ☐ Direct Rollover from a Qua	lified Plan to an IRA Direct R	ollover from a 403(b) or 4	457 to an IRA	
	* SEP IRAs can be transferred into a Traditional IRA.				
* SII	MPLE IRAs (after the required two year holding period) can be transferred into	a Traditional IRA.			

Continued on next page

CURRENT CUSTODIA	N AND ACCOUNT INFO	RMATION						
Type of account you are tr	ansferring/rolling over from	(check one):						
Traditional/Rollover IR.	A SEP-IRA R	oth IRA 403(b)	457 Plan	Qualified Plan*				
SEP IRA that is being tr	ansferred <u>into a Traditional I</u>	RA.						
SIMPLE IRA (after the r	E IRA (after the required two year holding period) that is being transferred into a Traditional IRA.							
*If you are rolling over a q	you are rolling over a qualified plan, please contact your current plan administrator for distribution/rollover in-house form requirements. case attach your most recent statement, if possible. Note, your current custodian may require a Medallion Signature Guarantee to process your collover request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.							
•								
Name of current custodia	n:							
Address:								
City:			State:	Zip code:				
Contact name:			Telephor	ne number: ()				
1) Investment to transfer:								
Account number:			Share class:	CUSIP number:				
Liquidate Entire Accou	nt Partial Dollar Amo	ount \$	or # of Shares	Transfer In-Kind				
For Certificate of Deposits	Immediately*	At Maturity Date						
2) Investment to transfer:								
Account number:			Share class:	CUSIP number:				
Liquidate Entire Account	nt Partial Dollar Amo	ount \$	or # of Shares	Transfer In-Kind				
For Certificate of Deposits	Immediately*	At Maturity Date						
	ote: If you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to transfe							
assets from certificates of dep	osie more anam oo aays serore a							
PARTICIPANT AUTHO	DRIZATION							
Mellon Investment Servicio	ng Trust Company to process	this request on my beh	alf. I understand it i	authorize my current custodian, Firsthand Funds and BN' is my responsibility to insure the prompt transfer of asset m and hereby provide the applicable authorization.				
Participant's Signature:				Date:				
Mail to the following:	First Class Mail: Firsthand Funds P.O. Box 534444 Pittsburgh, PA 15253-4444	Firstha Attent 500 Ro Pittsbu	ight Mail: and Funds tion: 534444 oss Street, 154-0520 urgh, PA 15262 -884-2675)				
or trust company, securities be participates in a medallion pro ciation. The three recognized m	np and Signature: An eligible gua roker/dealer, clearing agency or gram recognized by the Securit edallion programs are the Securi P), Stock Exchanges Medallion P	rantor is a domestic savings association cies Transfer Agents ties Transfer Agents		nature Guarantee Stamp				