

Regular mail: ESG Managers® Portfolios PO Box 55389 Boston MA 02205-5389 Overnight mail: ESG Managers® Portfolios c/o BFDS 30 Dan Road, Suite #55389 Canton, MA 02021-2809 Telephone: 888.374.8920

## Traditional IRA and Roth IRA Transfer Of Assets/Direct Rollover

Use this form to authorize the transfer of your employer-sponsored plan, Traditional, SEP or Roth IRA directly to ESG Managers® Portfolios. Do not use this form to convert to a Roth IRA or to recharacterize a conversion or contribution. For help with filling out this form please call 888.374.8920 between 8AM and 6PM ET M-F.

1.	Personal	<b>Information</b>
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First Name	Middle Initial Last	Name	Social	Security/Tax ID No.
Mailing Address	City	State	Zip Co	de
( ) Birthdate (mm/dd/yyyy) Contact Telepho	one			
☐ Check here if contact information abo	ve is new.			
2. Please tell us where to inves	t. Complete items A, I	B, and C.		
A. ☐ I am opening a new IRA(s) and ha	ave attached the required app	plication or documents.		
☐ Deposit the proceeds into my exis	ting IRA account #			
B. Please purchase into the following fur	nd(s):			
ESG Managers® Growth Portfolio		or	%	☐ Class A (3330) ☐ Class C (3350)
ESG Managers® Growth and Income Portfo	olio \$	or	%	☐ Class A (3331) ☐ Class C (3351)
ESG Managers® Balanced Portfolio	\$	or	%	☐ Class A (3332) ☐ Class C (3352)
ESG Managers® Income Portfolio	\$	or	%	☐ Class A (3333) ☐ Class C (3353)
C. Type of Account Transferring Into:	☐ Traditional/Rollover IR.	A □ SEP IR	A	
	□ Roth IRA			
3. Please tell us about your cur	rent plan and authori	ize the transfer from	n your curren	t custodian.
<ul><li>To avoid delays check with your current</li><li>If possible attach a copy of a current sta</li></ul>	custodian for their correct a		-	
Type of Account you are transferring/rol	ling over from (check one):			
☐ Traditional/Rollover IRA	□ SEP-IRA	□ Roth IRA	□ 4030	(b)
□ 457 Plan		r a qualified plan, please co n/rollover forms that they mo		lministrator for

Name of Current Custodian or Agent							
	I	I	1				
Mailing Address of Current Custodian or Agent	City	State	Zip Code				
( )							
Contact Telephone of Custodian							
Please transfer the following investments to S	tate Street Bank & Trust Compan	y as custodia	n for the ESG Managers® IRA.				
1. Fund Name or Type of Investment to be tran	sferred:						
Account Number for Investment 1:	□ Entire Account □ Partial \$:						
For Certificates of Deposit   Immediately	☐ At Maturity (Date:		)				
2. Fund Name or Type of Investment to be tran	nsferred:						
Account Number for Investment 2:	🗆 1	Entire Accoun	t 🗆 Partial \$:				
For Certificates of Deposit	At Maturity (Date:		)				
I authorize the Liquidation and Transfer of Assets or Direct Rollover as noted above to my ESG Managers® IRA and authorize ESG Managers® Portfolios and State Street Bank & Trust Company to process this request on my behalf. I understand it is my responsibility to assure the prompt Transfer of Assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.							
		1					
Signature of Depositor		Date					
Medallion Signature Guarantee (if required b securities broker/dealer, clearing agency or savi Transfer Agents Association. The three recogniz (known as STAMP), Stock Exchanges Medallio from a notary public is NOT an acceptable sub	ngs association that participates in zed medallion programs are the Se n Program (SEMP), and the Meda	a medallion curities Trans	program recognized by the Securities fer Agents Medallion Program				
	Medallion Signature Guarante	e					

## Traditional IRA and Roth IRA Transfer Of Assets/Direct Rollover

## Instructions to Shareholders (Please Read Carefully).

This form will be used by ESG Managers® Portfolios to initiate a Transfer of Assets or a Direct Rollover from an existing retirement plan account as designated on this form to your IRA at ESG Managers® Portfolios. Excluding a Roth IRA, if you are over age 70½, you are responsible for requesting a distribution of any Required Minimum Distribution due to be distributed in the calendar year. Please remember that a TRANSFER OF ASSETS can only occur between the same type of retirement plan. For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your IRA (if required) to:

First Class Mail: ESG Managers® Portfolios PO Box 55389 Boston MA 02205-5389 Overnight Courier: ESG Managers® Portfolios c/o BFDS 30 Dan Road Suite #55389 Canton MA 02021-2809

Insufficient information or incorrect forms will result in delays in processing your instructions.

## Direct Rollover Information - Certification (Please Read Carefully).

If this contribution is a Direct Rollover from a Qualified Plan, 403(b), or 457 Plan, I understand that by signing 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), and 457 Plan. (You may want to contact your current plan administrator or Custodian to ensure that you have completed any documents they may require in order to complete your request as well as establish the timing of the distribution. If you are over age 70½, please contact your current Custodian regarding the Required Minimum Distribution rules before initiating a Direct Rollover.)

If this contribution is a Direct Rollover from a Designated Roth Contribution Account under an employer's 401(k) or 403(b) plan, I certify that my employer's qualified 401(k) or 403(b) plan will make an Eligible Rollover Distribution from my Designated Roth Contribution Account. This Direct Rollover solely represents all or a portion of my Designated Roth Contribution Account under the employer's plan and no other account under the employer's plan is being rolled over to my ESG Managers® Roth IRA. I certify the rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more. The rollover does not include (1) any Required Minimum Distribution with respect to the employer's plan; (2) any hardship distribution; (3) any corrective distribution; or (4) any deemed distribution from the employer's plan. I certify that I am eligible to establish an ESG Managers® Roth IRA with this direct rollover of an Eligible Rollover Distribution from a Designated Roth Contribution Account, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.