



IRA Transfer/Rollover Form

If this is for a new IRA Account, an IRA Application must accompany this form.

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There may be penalties for withdrawing certain investments before their maturity (i.e. certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section 6 to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan Street, FL3
Milwaukee, WI 53202-5207

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY/STATE/ZIP _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR _____

ACCOUNT NUMBER _____ CONTACT PERSON _____ CONTACT NUMBER _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below:*

All Assets **OR** \$ _____ or _____ %

Please process this request:*

Immediately **OR** At Maturity _____ (month/day/year)

* If no option is selected, please transfer all assets immediately.

Type of account being transferred/rolled-over:

Pension Profit Sharing Plan 401(k) 403(b) Roth 401(k) Roth 403(b) Traditional IRA

SEP IRA SIMPLE IRA Roth IRA Inherited IRA Other _____

Original Roth IRA funding year (if applicable): _____

Original SIMPLE IRA funding date (if applicable): _____

Send the check representing the assets payable to "Permanent Portfolio Family of Funds FBO [Shareholder's Name]" along with a copy of this form to the address at the top of this page.

3. Investment Selection

A Permanent Portfolio Family of Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Portfolio(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

	New	Existing	Account # (if applicable)	Amount	%
<input type="checkbox"/> Permanent Portfolio Class I (1500)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	OR _____
<input type="checkbox"/> Aggressive Growth Portfolio Class I (1501)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	OR _____
<input type="checkbox"/> Short-Term Treasury Portfolio Class I (1502)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	OR _____
<input type="checkbox"/> Versatile Bond Portfolio Class I (1503)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	OR _____

4. Age 70½ Information

Check one of the following:

I am under the age of 70½ and do not turn 70½ at anytime during this calendar year.

OR

I am age 70½ or older and understand that no part of my required minimum distribution is eligible for rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

5. Conversion of Traditional IRA to Roth IRA - (optional)

I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Section 2. I understand this may be a taxable event. By signing below I agree that I am solely responsible for all tax consequences of this conversion.

OWNER'S SIGNATURE*

DATE (MM/DD/YYYY)

***The Fund's Transfer Agent cannot process the conversion without a signature above.**

6. Signature

I certify that I have established an IRA with Permanent Portfolio Family of Funds, a Delaware statutory trust ("Fund") and of which U.S. Bank, NA is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee is required.*

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

7. Acceptance/Custodian Authorization

U.S. Bank, NA hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Permanent Portfolio Family of Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, NA

