IRA Transfer Request Form



Please contact your employer or the resigning Trustee/Custodian for additional forms or requirements prior to submitting this form. All pertinent information must be completed in order to expedite the request.

This form is to be used:

- To transfer eligible amounts from an employer-sponsored retirement plan (i.e., 401(k), 403(b), Profit-sharing Plan, Money Purchase Pension Plan, etc.) to an OppenheimerFunds IRA (Direct Rollover or Indirect Rollover).
- To transfer your existing IRA with another Custodian to an OppenheimerFunds IRA (Trustee-to-Trustee transfer/Change of Trustee).

(overnight courier)

Aurora, CO 80014

12100 E. Iliff Avenue, Suite 300

Questions? Call us at 800.CALL OPP (225.5677).

Complete and return pages 1–4 of this form to:

OppenheimerFunds Distributor, Inc.

(regular mail)

P.O. Box 5390 Denver, CO 80217-5390

Fax: 303.768.1500

*Asterisked fields are required.

1 Account owners	hip					
	*First name	*Middle initial	*Last name OMr. OMrs. OMs.	*Social Security number		
Please include a copy of your current account statement for the funds you are transferring in or rolling over.	Is this a Beneficial IF If yes, please include If yes, decedent's na	e a copy of the death	certificate.			
	*First name	*Middle initial	*Last name	-		
	*Are you the surviving spouse? O Yes O No					
	*Type of current retirement account you are transferring from:					
	() 403(b) () Roth			E IRA () 401(k) () Roth 401(k) Pension Plan () Defined Benefit Plan		
		n like to like plan typ	Traditional IRA ORoth IRA es (i.e., Traditional to Traditional o	or Roth to Roth) please include a copy		
Indicate if you are doing a direct Roth conversion, which is the	O I'm doing a direct	Roth conversion.				
direct transfer of assets from an eligible plan (e.g., 401(k), 403(b) or 457 Plan) to a Roth IRA,	Estimated amount o	f rollover/transfer: \$_				
requiring payment of applicable taxes.	Do we need to solici If you checked "No	<u> </u>	es 🔾 No			
	•	•	nding the transfer amounts to Opp	enheimerFunds."		

2 | Transfer options

Please note: You must deposit at least \$500 into each new account you are opening via a transfer.

Please make sure combined allocations add up to 100%.

If no fund is selected for purchase, all contributions to your account will be invested in Oppenheimer Money Market Fund, Inc. Class A shares.

An investment in money market funds is neither insured nor guaranteed by the Federal Deposit Insurance Corporation or any other agency. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the Fund.

If your account contains shares

of Oppenheimer funds, you may choose to transfer them over "in kind" by completing Sections 3A and 3C. *Check one of the following:

O I am opening a new OppenheimerFunds IRA and have attached an IRA application form. (I have made my fund selections on that form.)

Allocation (in whole percentages)

Allocation (in whole percentages)

Allocation (in whole percentages)

Allocation (in whole percentages)

O Please invest proceeds in the most current allocations on file.

O Please invest proceeds in my existing OppenheimerFunds IRA using the fund allocation below.

Fund name/Account no.

Fund name/Account no.

Fund name/Account

Fund name/Account no.

Fund name/Account no.

3 | Resigning trustee, custodian or financial institution information

A. General Informatio	n
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		()
*Name of Current Trustee/Custodian		Business phone number
* Otrack address		
*Street address		
*City		
*State	*Zip	
Does the resigning trustee/cus	todian or financial organization accept	faxes () Yes () No
Fax No.		

B. Liquidation Instructions

If you have more accounts, please attach a separate sheet.

1. Please liquidate immediately from the account listed below and issue a check made payable to OFI Global Trust Company (see Section 6 for address).

*Account no. of Resigning Trustee/Custodian

*Liquidate O All or O Partial (if checked, complete the following)

___% or \$_____

2. For CDs and Passbook Savings only (see Section 6 for address).

Liquidate O All or O Partial (if checked, complete the following)

% or \$

CDs must be within 30 days of maturity.

Immediately. I am aware of and acknowledge the penalty I may incur for early withdrawal from a Passbook or a CD.

At Maturity Date (mm/dd/yyyy): _

C. Transfer-in-kind Instructions

Complete this section only if you currently have an existing retirement plan account at OppenheimerFunds and want to change your current Trustee/Custodian. Only Oppenheimer fund shares may be rolled over in kind. You may expedite this transfer by including a Letter of Instruction from your current Trustee/Custodian approving this Transfer-in-kind. Monies will stay in the same funds for the initial transfer.

O Please transfer my funds "in kind" immediately

() All OI () Faillal amount of shales	\bigcirc	All	or	\bigcirc	Partial amount of shares	
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From: Resigning Trustee/Custodian fund and account number

From: Resigning Trustee/Custodian fund and account number

From: Resigning Trustee/Custodian fund and account number

At the request of our retirement plan account holder (as identified above), the resigning Trustee/Custodian asks Shareholder Services, Inc., as Transfer Agent, to transfer the registration of the shares of the Oppenheimer fund(s) listed above, presently registered in our names as Trustee/Custodian for a retirement plan(s) identified above, for the benefit of the referenced individual.

Required minimum distribution information 4

Important: If you are a
beneficiary and you are
moving your account to
OppenheimerFunds, you
must provide a copy of the
original account holder's
death certificate.

If you wish to take a distribution from this account, please complete an OppenheimerFunds **Distribution Request Form.**

If you are a beneficiary of this account and are receiving a Additional information may be required.	distributions, please complete the following.
Were there multiple beneficiaries on the account?	◯ Yes ◯ No
If yes, was the account split by September 30 of the year following the original account owner's death?	◯ Yes ◯ No
What was the age of the oldest beneficiary of the account including yourself, on December 31 of the year following the year of the original account holder's death?	t Age:
Are you the spouse of the original account holder?	◯ Yes ◯ No
Your Date of Birth:	
How are you currently taking distributions?	○ Five-year Method ○ Life Expectancy Method
What was the year of death of the original account holder	?
Please provide the Social Security number and Date of bi	irth of the original owner.

Social Security number

Date of birth (mm/dd/yyyy)

ired and what type of ution is acceptable	X *Account Owner Signature	*Date (mm/dd/yyyy)				
s guarantor.	Signature Guarantee Stamp					
	Name of Guarantor	Title of Guarantor				
	X Signature of Guarantor	Date (mm/dd/yyyy)				
	Please review this checklist before sending us this form:					
	Have you contacted your previous Employer, Trustee or Custodian for additional forms or requirements?					
	Have you provided your Social Security number?					
	Have you verified the address of Employer, Trustee or Custodian?					
	Have you provided account number from Employer, Trustee or Custodian?					
	☐ Have you signed the form?					
	If possible, please send a copy of current statement from the resigning Trustee.					
Acceptance of OFI Global Trust C	transfer (D o not complete below. To be filled ou ompany.)	t by Shareholder Services, as agent for				
	The Trustee cannot accept stock certificates. Please liquidate and send cash, or see Section 3C for a Transfer-in-kind.					
	To the resigning Trustee/Custodian: Above are instructions from your client to liquidate or transfer-in-kind proceeds of the referenced retirement plan account to an OppenheimerFunds retirement plan, as identified above. We have established a retirement plan account for the said individual under applicable provisions of the Internal Revenue Code of 1986, as amended, and we hereby agree to accept the assets you transfer and to hold these assets in a retirement account for the benefit of the individual referenced.					
	To ensure proper credit, please make check payable to: OFI Global Trust Company, Trustee					
	Please send to: OppenheimerFunds Distributor, Inc. Reference No. P.O. Box 5270					
	Denver, CO 80217-5270 Fax: 303.768.1500					
	X OppenheimerFunds Authorized Signature	Date				
	5					

5 | Signatures