

Transfer / Registration Change

For transfer between Thornburg accounts only.

If you have questions about this form, please call us at 800.847.0200. Mail form to: Thornburg, PO Box 219017, Kansas City, MO 64121

Overnight to: Thornburg, 801 Pennsylvania Ave, Suite 219017, Kansas City, MO 64105

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Account	Registration	Account Number	r(s)					
Address								
City		State	Zip					
Request	ter Contact Information							
Name		Phone	Email					
	n for Transfer on is not provided, this transfer will	I default to transfer due to gift.						
	ath (inheritance)	a doladir to transfer due to girti						
_	te of Deatlh:							
	Alternate Date:							
		uation and if this estate tax rule applies to you, p	please contact a tax advisor.					
Re	lationship (For Joint Account Hold	ders)						
If th	ne reason for the transfer is due to [Death (inheritance), please indicate if you	ur relationship:					
		percentage of joint property contributed 100% non-covered shares on non-spou	d by the decedent. If no percentage is indicated, the isal accounts%					
		account as equally owned and step up t e cost basis will be stepped up to 100%	he cost basis for 50% of the assets. If you live in a sunless you check the box below.					
	☐ I decline a step up in 50% of the account will		y account will be treated as equally owned and only					
☐ Gift	Date of Gift:							
	Fair Market Value Acceptance:		,					
	_		Signature of new owner)					
	* If the recipient's existing account or	new account will use the Average Cost account	ting method, they must sign above indicating acceptance of th					

shares valued at fair market value on the date of gift or settlement if the shares should be transferred at a loss.

		Change of Trus	stee									
		Divorce/Separa	ation									
		Other										
3.		ansfer Instruct										
	Plea	ase transfer:	☐ All Shares	Ш	Shares							
		Re-register to exist	ing Thornburg Acco	unt								
	☐ Re-register to new Thornburg Account (Attach a completed account application)											
			uidate immediately	(Sign and attac	h IRS Form W-9,	com	iplete Section 5 k	oelow, and	pro	vide your		
	Spe	ecial instructions:										
									_			
4.	Authorization If you are acting on behalf of the owner, please indicate the capacity in which you are acting (REQUIRED):											
		Attorney-in-fact/F	Power of Attorney			Trus	stee					
		Custodian/Respo	onsible Individual			Trar	nsfer on Death B	eneficiary				
		Executor				Oth	er					
		Surviving Tenant										
5.	Re	demption Inst	ructions									
		Complete this section if you wish to redeem shares once they have been re-registered.										
	☐ Mail check to payee/address below:				Send proceeds to bank account (Check method below. If a or wire is not selected, the proceeds will be sent with ACH							
					_		ACH					
					_		WIRE					
					_							
		Bank Name			Account Registra							
									<u> </u>	Checking		Savings
		Account Number			Routing Number							

	Signature	Date	Signature	Date			
	Signature	Date	Signature	Date			
7.	Medallion Signature Guarantee						
	A Medallion Signature Guarante eligible guarantor: Commercial Registered Broker Dealers. A N eligible guarantor.	Banks, Trust Companies,	Affix Guarantee Here				

6. Signature(s):