

**FIRSTHAND FUNDS INDIVIDUAL RETIREMENT ACCOUNT (IRA)
CERTIFICATION OF ROLLOVER ASSETS**



RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

PARTICIPANT INFORMATION

Name: _____ Cell Phone: () _____

Address: _____ Alternate Telephone: () _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Account Number: _____

TRADITIONAL ROLLOVER

- Traditional IRA 60-day Rollover** – I certify that this rollover is a distribution of all or part of my account balance from another IRA which I received within the prior 60 calendar days. I certify that 365 days have passed since I last received a distribution from this or any other IRA that I rolled over into this or another IRA.
- Traditional IRA 3-Year Rollover** - I certify that this rollover is a distribution from another IRA, and that this distribution is being rolled over within 3 calendar years following the date that I received (indicate one below):
 - Qualified birth or adoption distribution(s) of up to \$5,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue Code.
 - Coronavirus-related distribution(s) of up to \$100,000 made on or after January 1, 2020, as defined by Section 2202(a)(4)(A) of the CARES Act.
- IRA Eligible Rollover Distribution** - I certify that this rollover is a non-periodic distribution from my employer's qualified retirement plan of all or part of my account balance, other than the portion of any distribution which is nontaxable, and that this distribution is being rolled over within 60 calendar days of the date that I received the distribution. (Your employer's plan administrator should be able to tell you what portion of your distribution is an "eligible distribution".) I certify that no portion of this rollover is from any portion of a Designated Roth Contribution Account under my employer's qualified retirement plan or from any amount required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), commonly known as a required minimum distribution.

ROTH ROLLOVER

- Roth IRA 60-day Rollover** – I certify that this rollover is a distribution of all or part of my account balance from another Roth IRA, and that this distribution is being rolled over within 60 calendar days of the date that I received the distribution. I certify that 365 days have passed since I last received a distribution from this or any other IRA that I rolled over into this or another IRA.
- Roth IRA 3-Year Rollover** – I certify that this rollover is a distribution from another Roth IRA, and that this distribution is being rolled over within 3 calendar years following the date that I received (indicate one below):
 - Qualified birth or adoption distribution(s) of up to \$5,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue Code.
 - Coronavirus-related distribution(s) of up to \$100,000 made on or after January 1, 2020, as defined by Section 2202(a)(4)(A) of the CARES Act.
- Qualified Rollover Contribution (conversion) into a Roth IRA from a 401(k), 403(b), 457 Plan or other Qualified Plan** – I certify that this rollover is a distribution from my employer's retirement plan paid as a direct rollover contribution (conversion) into a Roth IRA.
- Designated Roth Contribution Account** – I certify that his rollover is a direct rollover or a 60-day rollover from my Designated Roth Contribution Account under my employer's qualified retirement plan.
- Military Death Gratuity Payment** – I certify that this rollover contribution is less than \$100,000 and is being made within 365 days of the date that I received the distribution.
- Servicemember's Group Life Insurance (SGLI)** – I certify that this rollover contribution is less than \$400,000 and is being made within 365 days of the date that I received the distribution.

PARTICIPANT CERTIFICATION

I certify that the contribution described above is an eligible IRA rollover contribution. I certify that this contribution is being rolled over within 60 calendar days of the date that I received the distribution, or is being rolled directly from my employer's plan or current custodian, and meets the tax rollover requirements described above. I certify that the rollover is not part of a series of payments over my life expectancy, or over a period of 10 years or more. I certify that the rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from the employer's qualified retirement plan. I understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under my employer's plan. I agree that I am solely responsible for all tax consequences. I also agree that neither the Custodian nor Firsthand Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. (Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590-b or a professional tax advisor for more information.)

I have read this form, and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on my instructions within this form when accepting my rollover contribution.

Participant's Signature: _____

Date: _____

Mail to the following:

First Class Mail:
Firsthand Funds
P.O. Box 534444
Pittsburgh, PA 15253-4444

Overnight Mail:
Firsthand Funds
Attention: 534444
500 Ross Street, 154-0520
Pittsburgh, PA 15262
1-888-884-2675