

FORWARD FUNDS ACCOUNT INFORMATION

Insufficient information or incorrect forms will result in delays in processing your instructions. If you need assistance in completing this form or need additional forms, please contact our Customer Service Representatives at (800)-999-6809.

Name _____ Account Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Alternate Phone _____
 Social Security # _____ Birthdate _____

Deposit Transfer/Rollover proceeds to my existing Forward Funds IRA Account noted below:

OR Forward Funds Account Number: _____

Open a new Forward Funds IRA. (Please attach a completed IRA Account Application).

CURRENT CUSTODIAN INFORMATION

To avoid delays please check with your current Custodian for their correct address and to find out if they require a signature guarantee. Attach a copy of the current account statement

Current Custodian _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

TRANSFER INSTRUCTIONS

Current Custodian Account Type : (date opened: _____)

- IRA
- Roth IRA
- Simple IRA
- Beneficiary IRA
- 401k
- 403b
- Pension Plan
- Profit Sharing

Forward Funds Account Type

- IRA
- Roth IRA
- Simple IRA
- Beneficiary IRA
- 401k
- Pension Plan
- Profit Sharing
- Other

ASSET NAME	QUANTITY	INSTRUCTIONS*	ACCOUNT NUMBER
Certificates of Deposit	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Redeem Immediately <input type="radio"/> Redeem At Maturity	
	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Transfer in Kind <input type="radio"/> Liquidation	
	<input type="radio"/> Full <input type="radio"/> Partial \$ _____ or shares _____	<input type="radio"/> Transfer in Kind <input type="radio"/> Liquidation	

** Transfer in kind applies for Forward Funds only: Forward Funds can only accept Direct Rollovers from a Qualified Plan to an IRA in the form of cash.*

If this contribution is a Direct Rollover from a Qualified Plan, 403(b)7, or 457 Plan, I understand that by signing the front of 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 Qualified Plans, 403(b)7s, and 457 Plans. 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 70 1/2, please contact your current Custodian regarding the Required Minimum Distribution rules before initiating a Direct Rollover. Forward Funds can only accept Direct Rollovers from a Qualified Plan to an IRA in the form of cash.

I am over 70 1/2 . Please do not include my required minimum distribution for the current calendar year in the transfer.

ACCOUNT HOLDER SIGNATURE

I authorize the transfer of assets or direct rollover as noted above to my Forward Funds IRA and Colorado State Bank and Trust, N.A. to process this request on my behalf. I understand, as the Responsible Individual, 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 transfer certification.

Account Holder Signature _____ Date _____

MEDALLION GUARANTEE

Complete only if required by existing Custodian

The Medallion Signature Guarantee May Be Executed By Banks, Broker Dealers, Credit Unions, National Securities Exchanges And Savings Associations which participate in STAMP, SEMP or NYSE-MSP. A Notary public is not a substitute for a Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "Signature Guaranteed, Medallion Guaranteed" and otherwise comply with the medallion program requirements. Please check the funds prospectus or with the fund as to whether a Medallion Signature Guarantee is required.

Name of Bank or Dealer Firm _____

Signature & Title of Officer _____ Date _____

Medallion Signature Guarantee Stamp

PAYMENT INSTRUCTIONS

BY FED-WIRE

State Street Bank & Trust Company ABA #011000028
Boston, MA
Credit to ALPS Fund Services
F/B/O Forward Funds Account #00195933
Account Name: Forward

Shareholder Account # _____

Shareholder Name _____

BY CHECK

Payable to *Forward Funds IRA F/B/O*

Your name _____

Forward Funds Account # _____

Please write "IRA Transfer" or "Direct Rollover" on the check. Do not include after tax contributions or required minimum distributions.

Mail to: Forward Funds
P.O. Box 1345
Denver, CO 80201-9925

Overnight: Forward Funds
c/o ALPS Fund Services, Inc.
1290 Broadway, Ste 1100
Denver, CO 80203

LETTER OF ACCEPTANCE

Acceptance by Colorado State Bank and Trust, N.A. as Custodian
Colorado State Bank and Trust, N.A. accepts its appointment as Custodian of the referenced IRA and has established an IRA as indicated by the shareholder on the front of this form under Internal Revenue Code Section 408 (a) for IRAs under the shareholder's name in the Forward Funds. Forward Funds and Colorado State Bank and Trust, N.A., as Custodian, cannot accept assets other than cash in the form of a check or a wire. Upon receipt, the proceeds will be credited to the named Participant's account.

Accepted by Colorado State Bank and Trust, N.A., as Custodian for Forward Funds IRAs.

Authorized Representative of Colorado State Bank and Trust, N.A. Date(mm/dd/yy)

Forward Funds IRA Account Number _____ Date _____

Forward Funds, P.O. Box 1345 Denver, CO 80201-9925
Toll free: 800 999 6809 Fax: 866 205 1499

WEB: WWW.FORWARDFUNDS.COM