



Credit Suisse Funds Roth IRA Direct Rollover/Direct Transfer Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. In addition, we may also ask to see your driver's license or other identifying documents.

Please complete Sections 1–5 and sign Section 6.

1. Account Owner Information

Name (First, Middle Initial, Last) _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____ Social Security Number ____ / ____ / ____

Street Address _____ Apt. No. _____
(P.O. Boxes are not acceptable, except APO/FPO)

City _____ State _____ ZIP Code _____

Daytime Telephone Number (_____) _____

Mailing Address _____
(If different from above)

City _____ State _____ ZIP Code _____

U.S. Citizen Other _____

Type of plan being transferred:

Roth IRA

Conversion Roth IRA

Direct rollover from an employer-sponsored retirement plan (e.g., 401(a), 401(k), 403(b), governmental 457(b) plan)

2. Current Custodian Information

Name of Current Custodian _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone Number (_____) _____

Account Number with Current Custodian _____

Please attach a copy of your most recent statement from your current custodian.

3. Type of Transfer

Check one:

- Direct Rollover** — if transferring a distribution from a current retirement plan directly to a Credit Suisse Funds Roth IRA.
- Direct Transfer** — if transferring funds from an existing Roth IRA to a similar Credit Suisse Funds Roth IRA via a Custodian-to-Custodian transfer.

If the transferred assets are to be invested in an existing Credit Suisse Funds IRA, provide account information in Section 5: Credit Suisse Funds Account.

4. Transfer Instructions

Check one:

- Partial Transfer:** Transfer/rollover \$/% _____ of my present plan account.
- Full Transfer:** Transfer/rollover all the cash proceeds of my referenced plan account (liquidate all positions/shares).
- Transfer cash proceeds from Certificates of Deposit as I have checked below.** I am aware of and acknowledge the penalty I will incur for an early withdrawal from a passbook or Certificate of Deposit.
 - At maturity date _____
 - Immediately
- Transfer-In-Kind:** Transfer the registration of shares of any Credit Suisse Funds held in my present plan account to the custodian of my new Credit Suisse Funds Roth IRA.

If a percentage was indicated above, please indicate the estimated transfer/rollover amount: \$ _____

I hereby represent to Credit Suisse Funds that this rollover or transfer consists of assets from another IRA or an “eligible retirement plan” (as defined in Section 402(c)(8) of the Internal Revenue Code), which includes, for example, a 401(k) plan, a defined benefit pension plan, or a 403(b) plan.

5. Credit Suisse Funds Account

- I am opening a new Credit Suisse Funds Roth IRA account.
- I am adding to an existing Credit Suisse Funds Roth IRA account.

Please invest the transfer/rollover as follows:

Credit Suisse Fund Name _____ Account Number _____

\$/% of Transfer/Rollover to be Invested in This Fund _____

Credit Suisse Fund Name _____ Account Number _____

\$/% of Transfer/Rollover to be Invested in This Fund _____

Credit Suisse Fund Name _____ Account Number _____

\$/% of Transfer/Rollover to be Invested in This Fund _____

Credit Suisse Fund Name _____ Account Number _____

\$/% of Transfer/Rollover to be Invested in This Fund _____

6. Signature(s)

I have established a Credit Suisse Funds Roth IRA. Please accept this authorization to transfer/rollover my plan account. Please follow the instructions I have provided. If my plan account is to be liquidated, send the cash proceeds by check made payable to Credit Suisse Family of Funds:

POSTAL MAIL

CREDIT SUISSE
P.O. Box 219916
Kansas City, MO 64121-9916

OVERNIGHT/COURIER SERVICE TO:

CREDIT SUISSE
430 W. 7th Street, Suite 219916
Kansas City, MO 64105-1407

Do not withhold any amount for federal income tax upon terminating my plan account.

Your Signature X _____ Date _____

Medallion Signature Guarantee (if required by resigning trustee/custodian):

7. Acceptance of Transfer

(For State Street Bank and Trust Company use only)

To the referenced custodian:

Above are instructions from the individual referenced to transfer/rollover proceeds of the type of plan referenced in Section 1 of this form to a Credit Suisse Funds Roth IRA. We have established a Credit Suisse Funds Roth IRA for the said individual under the 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 Roth IRA for the benefit of the individual referenced above.

To ensure proper credit, please make the check payable to: Credit Suisse Family of Funds

Please mail the check, together with a copy of this form, to identify it as a custodian-to-custodian transfer or a direct rollover, in the enclosed envelope to:

POSTAL MAIL

CREDIT SUISSE
P.O. Box 219916
Kansas City, MO 64121-9916

OVERNIGHT/COURIER SERVICE TO:

CREDIT SUISSE
430 W. 7th Street, Suite 219916
Kansas City, MO 64105-1407

F/B/O _____

Print Name of Custodian _____

By Authorized Signature X _____ Date _____