



# Individual Retirement Account (IRA) Application

FPA Capital Fund, Inc. | FPA Crescent Fund | FPA Flexible Fixed Income Fund | FPA International Value Fund | FPA New Income, Inc. | FPA Paramount Fund, Inc. | FPA U.S. Value Fund, Inc.

### IMPORTANT INFORMATION ABOUT 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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. The Fund reserves the right to deny an application if the application is not in good order.

Use this form to open a Traditional, SEP or ROTH Individual Retirement Account ("IRA"). Please select an account below. Please complete and sign this form in order to process. If you have questions about completing this form, please contact our Shareholder Services Department at (800) 638-3060.

Traditional IRA

Roth IRA

SEP IRA

Is the IRA selected above comprised of inherited assets?

Yes

No

Are you the spousal and sole beneficiary treating the IRA as your own?

Yes

No

## 1. ACCOUNT REGISTRATION

\_\_\_\_\_  
Depositor Name (First, Middle, Last)

\_\_\_\_\_  
Depositor Social Security Number

\_\_\_\_\_  
Depositor date of birth (mm/dd/yyyy)

## 2. PRIMARY MAILING ADDRESS

*Physical U.S. street address required. P.O. Boxes are not accepted.*

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite/Apt. Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
E-mail Address

### ADDITIONAL MAILING ADDRESS

Send copies of confirmations and statements for this account to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Suite/Apt. Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

### 3. FUNDING THE IRA

This IRA will be funded with the following type of contribution *(select one)*:

- Annual IRA Contribution for Tax Year \_\_\_\_\_ \$ \_\_\_\_\_  
Tax Year \_\_\_\_\_ \$ \_\_\_\_\_
- Transfer from a like IRA at another institution  
(Ex. Roth IRA to Roth IRA)\*
- SEP IRA employer contribution for Tax Year \_\_\_\_\_ \$ \_\_\_\_\_
- Recharacterization\*  
 Traditional IRA to a Roth IRA or,\*  
 Roth IRA to a Traditional IRA\*
- Conversion to Roth IRA Existing account # \_\_\_\_\_
- From a Traditional IRA or,
- From a Qualified Plan
- Rollover from an existing IRA or Qualified Retirement Plan

*\*If this transaction is a transfer or a conversion from another institution, you will also need to complete and sign a FPA Funds IRA Transfer Form.*

### 4. INVESTMENT INSTRUCTIONS

Please make a Fund selection and add investment amount below:

- FPA Paramount Fund (74) \$ \_\_\_\_\_
- FPA U.S. Value Fund (75) \$ \_\_\_\_\_
- FPA New Income Fund (78) \$ \_\_\_\_\_
- FPA Flexible Fixed Income Fund (79) \$ \_\_\_\_\_
- FPA Capital Fund (80)\* \$ \_\_\_\_\_ \*Closed to new investors
- FPA International Value Fund (90) \$ \_\_\_\_\_
- FPA Crescent Fund (134) \$ \_\_\_\_\_

- Check make payable to: **FPA Funds**
- Wire: please see page 11 for wiring instructions

#### Dividends:

All dividends or capital gains generated by FPA Funds will be automatically reinvested into additional shares of the same Fund.

### 5. TELEPHONE TRANSACTIONS

As a FPA Funds shareholder, you have the ability to conduct purchase, redemption, and exchange transactions by telephone. You will automatically be granted telephone redemption and exchange privileges unless you decline them by checking below.

**If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

- I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.
- I decline exchange privileges. All requests to exchange shares from this account must be submitted in writing.

**6. BANK ACCOUNT INFORMATION** (Voided check required.)

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically. Please attach a pre-printed voided, unsigned check or deposit slip for this bank account.

Bank Name	Bank Phone Number		
Bank Address	City	State	ZIP Code
Name(s) on Bank Account			
Bank Account Number	ABA Number		

Type of account:  **Checking Account** or  **Savings Account**

*If information on voided check differs from information on this application, the information from the voided check will be used.*

**7. AUTOMATIC INVESTMENT PLAN**

This option allows you to execute automatic monthly or quarterly purchases with your FPA Funds account. To establish a new account with this program you must initially invest at least \$100 (\$2,500 for Flexible Fixed Income Fund). Subsequent investments must be at least \$100.

*To take advantage of the automated plans you must also include the bank information in Section 6. If more than one automatic purchase is desired, please attach on a separate page.*

Amount (\$100 minimum) \_\_\_\_\_

Begin Transaction (mm, yyyy) \_\_\_\_\_

Choose one\*:  Monthly or  Quarterly

Choose one\*:  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup> or  25<sup>th</sup>

*\*If no time frame or date is specified investments will be made monthly on the 15<sup>th</sup>. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

**8. SYSTEMATIC WITHDRAWAL PLAN**

Minimum withdrawal for a Systematic Withdrawal Plan is \$50.

- Monthly
- Quarterly (Jan., Apr., July, Oct./Feb., May, Aug., Nov./Mar., June, Sept., Dec.)
- Semi-annually (indicate month to start)
- Annually (indicate month)

Choose one\*:  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup> or  25<sup>th</sup>

Begin systematic withdrawal on \_\_\_\_\_  
mm/dd/yyyy

Fund Name or Number	Amount
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Payment Method (check one)

- Check to Address of Record
- Bank Information Currently on Account
- New Bank Information

**Provisions of the Systematic Withdrawal Plan**

FPA Funds' Systematic Withdrawal Plan is available for any shareholder account worth at least \$10,000.

By completing this form, you are appointing FPA Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> and/or 25<sup>th</sup> of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

**9. BENEFICIARY DESIGNATION**

As participant of this IRA, you designated that any funds remaining in the IRA at your death shall be paid in the percentages below to the primary beneficiaries who succeed you. If no percentages are indicated, then assets will be divided equally. The interest of a Primary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Primary Beneficiary(ies) shall increase on a pro rata basis.

You may revoke or alter your IRA Beneficiary Designation at any time by completing a Beneficiary Change Form. Your IRA beneficiary designation must be delivered to the Custodian. The most current beneficiary designation on file with the Custodian at the time of death will govern. The Custodian may conclusively rely on information provided by you without any duty to verify or inquire into its validity.

**PRIMARY BENEFICIARY:**

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Name of Beneficiary

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Street Address (*P.O. Box not acceptable*)

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City

State

ZIP Code

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Social Security Number

Date of Birth (mm/dd/yyyy)

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Relationship

% of Account

If the person(s) listed above as Primary Beneficiary(ies) is(are) not living at your death, you designate the following Secondary Beneficiary(ies). The funds remaining in this IRA at your death shall then be paid in the percentages indicated below (in the absence of any percentages, the account shall be divided into equal shares) to the Secondary Beneficiary(ies) who survive you. The interest of a Secondary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Secondary Beneficiary(ies) shall increase on a pro rata basis.



## 10. BROKER/DEALER INFORMATION

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Broker/Dealer Name

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Broker/Dealer Phone Number

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Broker/Dealer Address

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City

State

ZIP Code

---

Rep Name

---

Rep Phone Number

Rep Number

---

Rep Address

---

City

State

ZIP Code

## 11. WITHHOLDING ELECTION (Substitute W-4P)

### ***Federal Tax Withholding***

Federal withholding of 10% applies to all non-Roth IRA distributions, unless you indicate otherwise below.

- Please withhold \_\_\_\_\_% (greater than 10%) federal income tax from my distribution.
- Please do not withhold any federal income tax from my distribution. (You must have a U.S. Residence on File)

### ***State Tax Withholding***

If you are a resident of AR, CA, DE, IA, KS, ME, MA, NE, NC, OK, OR, VT state income tax also applies to non-Roth IRA distributions when Federal withholding applies.

You may incur penalties under the federal estimated payment rules for insufficient withholding. You may elect to change your withholding election at any time using Substitute Form W4-P.

## 12. PRIVACY NOTICE

The FPA Funds consider customer privacy to be an essential part of their investor relationships and are committed to maintaining the confidentiality, integrity and security of their current, prospective and former investors' non-public personal information. The FPA Funds have developed policies that are designed to protect this confidentiality, while permitting investor needs to be served.

**Obtaining Personal Information.** While providing investors with products and services, the FPA Funds, and certain service providers, such as the FPA Fund's Transfer Agents and/or Administrators, may obtain non-public personal information about investors, which may come from sources such as (i) account applications, subscription agreements and other forms, (ii) written, electronic or verbal correspondence, (iii) investor transactions, (iv) an investor's brokerage or financial advisory firm, financial advisor or consultant, and/or (v) from information captured on applicable websites. The non-public personal information that may be collected from investors may include the investor's name, address, tax identification number, birth date, investment selection, beneficiary information, and possibly the investor's personal bank account information and/or email address if the investor has provided that information, as well as the investor's transaction and account history with the FPA Funds.

**Respecting Your Privacy.** The FPA Funds do not disclose any non-public personal information provided by investors or gathered by the FPA Funds to third parties, except as required or permitted by law or as necessary for such third parties to perform their agreements with respect to the FPA Funds. Non-affiliated companies may from time to time be used to provide certain services, such as maintaining investor accounts, preparing and mailing prospectuses, reports, account statements and other information, and gathering shareholder proxies. In many instances, the investors will be clients of a third party, but the FPA Funds may also provide an investor's personal and account information to the investor's respective brokerage or financial advisory firm and/or financial advisor or consultant.

**Sharing Information with Third Parties.** The FPA Funds reserve the right to report or disclose personal or account information to third parties in circumstances where the FPA Funds believe in good faith that disclosure is required or permitted under law, to cooperate with regulators or law

enforcement authorities, to protect their rights or property, or upon reasonable request by the FPA Funds in which an investor has invested. In addition, the FPA Funds may disclose information about an investor or an investor's accounts to a third party at the investor's request or with the consent of the investor.

**Procedures to Safeguard Private Information.** The FPA Funds are committed to their obligation to safeguard investor non-public personal information. In addition to this policy, the FPA Funds have implemented procedures that are designed to limit access to an investor's non-public personal information to internal personnel who require the information to complete tasks, such as processing transactions, maintaining client accounts or otherwise providing services the investor requested. Physical, electronic and procedural safeguards are in place to guard an investor's non-public personal information.

**Information Collected from Websites.** Websites maintained by the FPA Funds or its service providers may use a variety of technologies to collect information that helps the FPA Funds and their service providers understand how the website is used. Information collected from your web browser (including small files stored on your device that are commonly referred to as "cookies") allow the websites to recognize your web browser and help to personalize and improve your user experience and enhance navigation of the website. If you are a registered user of the FPA Funds' and/or their service providers' website, the FPA Funds, their service providers, or third party firms engaged by the FPA Funds and/or their service providers, may collect or share information submitted by you, which may include personally identifiable information. You can change your cookie preferences by changing the setting on your web browser to delete or reject cookies. If you delete or reject cookies, some website pages may not function properly. The FPA Funds do not look for web browser "do not track" requests.

**Changes to the Privacy Policy.** From time to time, the FPA Funds may update or revise this privacy policy. If there are changes to the terms of this privacy policy, documents containing the revised policy on the relevant website will be updated.

**FPA Funds.** FPA Capital Fund, Inc., FPA Crescent Fund, FPA International Value Fund, FPA New Income, Inc., FPA Flexible Fixed Income Fund, FPA Paramount Fund, Inc., FPA U.S. Value Fund, Inc., Source Capital, Inc.

Revised: January 2019

### 13. ACKNOWLEDGEMENT AND SIGNATURE

By signing this agreement, you as the Depositor and UMB Bank, n.a. as the Custodian agree to be bound by the terms, conditions and provisions of the Custodial Account Agreement and Disclosure Statement that is currently in effect and as may be amended from time to time. You acknowledge that you have received and read the Disclosure Statement relating to this account and that you have independently obtained the legal and tax advice you deem necessary. You also agree that you have received and read the Prospectus for the Fund(s) selected for this IRA. In addition, as Depositor you certify that: (1) all contributions that you make to the IRA meet the requirements of the Internal Revenue Code governing such contributions; (2) you understand and accept any applicable fees that are a part of this agreement; (3) you will promptly provide instructions to the Custodian necessary to enable the Custodian to carry out its duties under this agreement.

You certify that you understand the risk factors and special considerations associated with investing in the Fund(s) as outlined in the Prospectus, including the possibility of losing all of your investment. Furthermore, you acknowledge the suitability of this investment in your investment portfolio.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

*(1) the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

The Depositor and UMB Bank, n.a. as Custodian hereby execute this IRA Account Application as of the date below.

X

\_\_\_\_\_  
Depositor Signature

\_\_\_\_\_  
Date

## Individual Retirement Account (IRA) Transfer Form

FPA Capital Fund, Inc. | FPA Crescent Fund | FPA Flexible Fixed Income Fund | FPA International Value Fund | FPA New Income, Inc. | FPA Paramount Fund, Inc. | FPA U.S. Value Fund, Inc.

Use this form when redeeming and transferring funds from an existing IRA to a FPA Funds IRA. Please call (800) 638-3060 for Fund information, literature, prices and FPA Funds account information. You must complete Sections 1 through 5 below and return this IRA transfer form along with your **IRA Application** (if this is a new account). Include a copy of your most recent account statement from the current Trustee or Custodian.

**Note for investors 70½ or older:** you may take your required minimum distribution from any one or all of your IRA accounts. If you have not satisfied the minimum distribution requirements you may be required to take a minimum distribution from your present IRA before rolling over your retirement assets to a FPA Funds IRA. Consult your tax adviser regarding your distribution requirements.

### 1. INVESTOR INFORMATION

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

Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

( ) \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 2. PLEASE TRANSFER MY IRA FROM

Name of Current Trustee/Custodian (Bank, Mutual Fund, Etc.) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Account Number OR Certificate of Deposit \_\_\_\_\_

\$ \_\_\_\_\_  
Approximate Value \_\_\_\_\_ Maturity Date (if applicable) \_\_\_\_\_

If you hold a certificate of deposit\*, transfer:

- Immediately     At maturity

\*Penalties may be assessed by your current trustee/custodian for early withdrawal.



## Mutual Fund IRA Transfer

In order to expedite your transfer, please provide the CUSIP/Symbol of your current Mutual Fund IRA Investment. If you do not know the CUSIP/Symbol, please contact your current provider/Custodian.

\_\_\_\_\_ CUSIP/Symbol

\_\_\_\_\_ CUSIP/Symbol

Please attach a copy of your current account statement(s).

Type of plan you now have:	Type of plan you are transferring to:
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Traditional IRA
<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> Rollover IRA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> SEP-IRA

Other Employer Sponsored Plan: \_\_\_\_\_  
Plan Type

Other Employer Roth Sponsored Plan: \_\_\_\_\_  
Plan Type

Are these assets inherited coming from a deceased participant account or beneficiary IRA?

Yes  No

**NOTE:** If these are inherited assets coming from an employer plan and you are a non-spouse beneficiary, please complete a Non-spouse Beneficiary Direct Rollover from an Employer's Plan Form. Call Shareholder Services at (800) 638-3060 to receive the form.

### 3. YOUR FUND SELECTION(S)

Invest the proceeds in my existing FPA Funds IRA

\_\_\_\_\_ Account Number

Invest the proceeds in my new FPA Funds IRA.

*If you are opening a new account, a completed and signed IRA Application must accompany this form.*

Invest the assets of the IRA transfer as follows:

FPA Paramount Fund (74) \$ \_\_\_\_\_

FPA U.S. Value Fund (75) \$ \_\_\_\_\_

FPA New Income Fund (78) \$ \_\_\_\_\_

FPA Flexible Fixed Income Fund (79) \$ \_\_\_\_\_

FPA Capital Fund (80)\* \$ \_\_\_\_\_

\*Closed to new investors

FPA International Value Fund (90) \$ \_\_\_\_\_

FPA Crescent Fund (134) \$ \_\_\_\_\_



## 6. ACCOUNT APPLICATION INSTRUCTIONS

Check	Checks payable to: FPA Funds				
Wire	UMB Bank, n. a. ABA# 101000695 For Credit to: FPA FUNDS A/C# 9871996328 For further credit to: Fund name; investor account number; name(s) of investor(s); SSN or TIN  PLEASE NOTE: All wires received by 4:00 PM EST are priced based on the share price for that day. Wires received after such time are priced on the share price for the next business day.				
Mail	<table><tr><td><u>Standard mail</u></td><td><u>Overnight mail</u></td></tr><tr><td>FPA Funds P.O. Box 2175 Milwaukee, WI 53201-2175</td><td>FPA Funds 235 W. Galena Street Milwaukee, WI 53212</td></tr></table>	<u>Standard mail</u>	<u>Overnight mail</u>	FPA Funds P.O. Box 2175 Milwaukee, WI 53201-2175	FPA Funds 235 W. Galena Street Milwaukee, WI 53212
<u>Standard mail</u>	<u>Overnight mail</u>				
FPA Funds P.O. Box 2175 Milwaukee, WI 53201-2175	FPA Funds 235 W. Galena Street Milwaukee, WI 53212				
Website	<a href="http://www.fpa.com">www.fpa.com</a>				
Telephone	For questions please call shareholder services (800) 638-3060 Monday through Friday 7:00 AM – 7:00 PM (CST)				

# FPA Funds

CAPITAL FUND | CRESCENT FUND | FLEXIBLE FIXED INCOME FUND | INTERNATIONAL FUND | NEW INCOME | PARAMOUNT FUND | U.S. VALUE FUND

