

Simple IRA Transfer Form



You may use this form to effect a direct transfer from an existing SIMPLE IRA with another custodian to a SIMPLE IRA with BARON FUNDS®. The assets may be from another fund family or within the BARON FUNDS®. Note: If you are a new client (not transferring money into an already existing account) please fill out a BARON FUNDS® SIMPLE INDIVIDUAL RETIREMENT CUSTODIAL ADOPTION AGREEMENT as well. Make sure you attach a copy of your existing account statement and any other forms required by your current custodian/trustee. Please print with blue or black ink and in all capital letters. **For information and to request forms, call: 1-800-442-3814, Monday – Friday, 9:00AM – 5:00PM, ET, or visit www.BaronFunds.com. See section 5 for mailing instructions.**

1. Account Registration – Required

Owner's name (First, M.I., Last) – Required _____

Owner's SSN/U.S. Tax ID – Required _____ Date of Birth (MM/DD/YYYY) – Required _____

Street (P.O. Box not acceptable, with the exception of APO/FPO) – Required _____

Other Information (Suite, Attention, etc.) _____

City – Required _____ State – Required _____ Zip – Required _____

Daytime phone _____ Evening phone _____

Email Address _____

If you already have a Traditional IRA, SEP IRA, Simple IRA, or Roth IRA with Baron Funds, indicate the Account Number in section 4.

2. Current Custodian Account Information

Custodian Name _____ Current Fund Name/Class _____

Custodian Address _____ Street _____

City _____ State _____ Zip _____

Current Account Number _____

Additional Fund Name/Class _____

Additional Account Number _____ Custodian Telephone Number _____

3. Instructions to My Current Custodian

I have established a BARON FUNDS® SIMPLE-IRA Account with UMB Bank, N.A. as Custodian. Please transfer or liquidate assets from my account in your custody in the following manner and send a check payable to UMB Bank, N.A. SIMPLE-IRA Account FBO my name and social security number. **Mail to:** Baron Funds, P.O. Box 219946, Kansas City, MO 64121-9946. **Or Overnight to:** Baron Funds, 430 W. 7th Street, Kansas City, MO 64105-1514.

TRANSFER INSTRUCTIONS

- Transfer the total amount in this Account **OR**
- Transfer \$ _____ and retain the balance.

4. Investment Instructions

THE MINIMUM INITIAL INVESTMENT FOR RETAIL CLASS SHARES IS \$2,000 PER FUND. THE MINIMUM INITIAL INVESTMENT FOR INSTITUTIONAL CLASS SHARES IS \$1,000,000 PER FUND. PLEASE SEE OUR PROSPECTUS FOR DETAILS ON INSTITUTIONAL CLASS SHARES AND HOW THEY DIFFER FROM RETAIL CLASS SHARES.

Name of Fund	Account Number (if already established)	Amount
Baron Asset Fund		
<input type="checkbox"/> Retail Share Class (585) BARAX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1585) BARIX	_____	\$ _____
Baron Discovery Fund		
<input type="checkbox"/> Retail Share Class (572) BDFFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1572) BDFIX	_____	\$ _____
Baron Durable Advantage Fund		
<input type="checkbox"/> Retail Share Class (5005) BDAFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (5015) BDAIX	_____	\$ _____
Baron Emerging Markets Fund		
<input type="checkbox"/> Retail Share Class (575) BEXFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1575) BEXIX	_____	\$ _____
Baron Fifth Avenue Growth Fund		
<input type="checkbox"/> Retail Share Class (579) BFTHX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1579) BFTIX	_____	\$ _____
Baron FinTech Fund		
<input type="checkbox"/> Retail Share Class (5008) BFINX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (5018) BFIIIX	_____	\$ _____
Baron Focused Growth Fund		
<input type="checkbox"/> Retail Share Class (578) BFGFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1578) BFGIX	_____	\$ _____
Baron Global Advantage Fund		
<input type="checkbox"/> Retail Share Class (573) BGAFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1573) BGAIX	_____	\$ _____
Baron Growth Fund		
<input type="checkbox"/> Retail Share Class (587) BGRFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1587) BGRIX	_____	\$ _____
Baron Health Care Fund		
<input type="checkbox"/> Retail Share Class (BHCFX)	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (BHCHX)	_____	\$ _____
Baron International Growth Fund		
<input type="checkbox"/> Retail Share Class (577) BIGFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1577) BINIX	_____	\$ _____
Baron New Asia Fund		
<input type="checkbox"/> Retail Share Class (5009) BNAFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (5019) BNAIX	_____	\$ _____
Baron Opportunity Fund		
<input type="checkbox"/> Retail Share Class (580) BIOPX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1580) BIOIX	_____	\$ _____
Baron Partners Fund		
<input type="checkbox"/> Retail Share Class (586) BPTRX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1586) BPTIX	_____	\$ _____
Baron Real Estate Fund		
<input type="checkbox"/> Retail Share Class (576) BREFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1576) BREIX	_____	\$ _____
Baron Real Estate Income Fund		
<input type="checkbox"/> Retail Share Class (5006) BRIFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (5016) BRIIX	_____	\$ _____
Baron Small Cap Fund		
<input type="checkbox"/> Retail Share Class (583) BSCFX	_____	\$ _____
<input type="checkbox"/> Institutional Share Class (1583) BSFIX	_____	\$ _____
Baron WealthBuilder Fund		
<input type="checkbox"/> Institutional Share Class (5014) BWBIX	_____	\$ _____
<input type="checkbox"/> TA Share Class (5034) BWBTX	_____	\$ _____
TOTAL		\$ _____

I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each Fund I selected. **(I have been advised to read the prospectus(es) of the Fund(s) selected carefully before investing.)**

5. Mailing Instructions

Please mail the completed transfer form and adoption agreement form with your contribution to:

Regular Mail:

BARON FUNDS, P.O. BOX 219946, KANSAS CITY, MO 64121-9946

Overnight delivery:

BARON FUNDS, 430 W. 7th STREET, KANSAS CITY, MO 64105-1514

6. Signature and Authorization – Required

I, the undersigned Participant, certify to the current SIMPLE IRA custodian or trustee _____ that I have established a successor BARON FUNDS® SIMPLE Individual Retirement Custodial Account meeting the requirements of Internal Revenue Code Section 408(p) to which assets will be transferred, and I certify to Baron Funds® and UMB Bank, N.A. that the SIMPLE IRA from which assets are being transferred meets the requirements of Internal Revenue Code Section 408(p) (and that the transfer satisfies the requirement for a nontaxable transaction).

Signature of Depositor

Date (MM/DD/YYYY)

TRANSFER FORMS THAT ARE UNSIGNED OR INCOMPLETE WILL BE RETURNED TO YOU.

SIGNATURE GUARANTEE (only if required by current custodian or trustee.)

Bank or Dealer Firm

Date (MM/DD/YYYY)

Signature of Authorized Officer of Guarantor Title

(NOTE: Signature guarantee by a notary public is NOT acceptable)

ACCEPTANCE BY NEW CUSTODIAN

UMB Bank, N.A. agrees to accept transfer of the above amount for deposit to the Participant's BARON FUNDS® SIMPLE-IRA and requests the liquidation and transfer of assets as indicated above.

UMB Bank, N.A., Custodian

Signature of Custodian

GUARANTEE STAMP

