Recharacterization of IRA Contribution

Use this form to recharacterize a previous IRA contribution. Please print in CAPITAL LETTERS and in black ink.

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at **harborcapital.com**.

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	Traditional
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Step 2: Account Owner Information

First Name	M.I. Last Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Street Address or P.O. Box Numbe	r
City	State Zip Code
Daytime Telephone Number	Evening Telephone Number
E-mail Address	

Step 3: IRA Trustee/Custodian Information

Pres	ent IRA Trustee/Custodian:			
Name				
Street A	ddress or P.O. Box Number			
City		State	Zip Code	
Daytime	Telephone Number			
Rec	eiving IRA Trustee/Custodian (if different):			
Name				
Street A	ddress or P.O. Box Number			
City		State	Zip Code	
Daytime	Telephone Number			
Ster	4: Recharacterization	Authorization	to IRA Custo	odian
_				
contribu	ignature below, I am electing to recharacter ution to the receiving IRA, on the same date	and for the same tax yea	r, for federal tax purpo	ses. To effect this rechar-
from my	tion, I hereby direct the transfer of the amou present IRA to the receiving IRA. I understar	ant specified below, plus and that my decision to rec	the net income attribu haracterize all or a por	table to such contribution, tion of my IRA contribution
is irrevo	cable after the transfer.			
Rec	haracterize my contribution amount:			
From:				
	Account Number	Fund Name		Number
To:				
-3.	Account Number	L Fund Name		Number

Step 4 continued on page 3

Step 4: Recharacterization Authorization to IRA Custodian Continued

	•						
(Choose one:						
	I request that Harbor Funds calcul Harbor Funds will calculate the earn from my IRA account. By signing this held responsible for any adverse co		Provide the information requested for each amount to be recharacterized.				
	Tax Year Contribution						
	\$						
	Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)				
	\$						
	Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)				
	\$						
	Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)				
	Recharacterize the amount of \$\\$	that I I	nave calculated.				
	Tax Year Contribution						
	\$				Amount calculated includes earnings or		
	Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)	I	losses attributable to the recharacteriztion.		
St	ep 5: Signature						
ı	By signing this form I certify that:						
resp that cons prop has	onsible for determining my eligibili this transaction may be subject to f sequences of this transaction, I agi er elections and calculations regard provided me with any legal or tax a	ty to recharacterize within the limits of fees, taxes, and/or penalties. If I choose ree to consult and obtain the appropr ding this transaction request. Neither th	n by the Trustee/Custodian. I understand to set forth by tax laws and related regulations to calculate earnings, due to the impolitate legal and tax advice necessary to more custodian nor the Shareholder Servicing for this transaction. I will not hold the Cutat may result from this transaction.	ions and rtant tax nake the ng Agent			
.							
X	Signature of Owner		Date (mm/dd/yyyy)				
X							
	Signature of Trustee/Custodian		Date (mm/dd/yyyy)				
	Mail completed form to:						
	dard Mail	Overnight Deliv	ery				
Harb	or Funds	Harbor Funds					
P.O. I	Box 804660		er Drive, 34th Floor				
Chic	ago, IL 60680-4108	Chicago, IL 6060	Chicago, IL 60606-4302				