AQUILA GROUP OF FUNDS
RECHARACTERIZATION REQUEST FORM (EXTERNAL)

Complete when recharacterizing a contribution or conversion contribution from another institution to an Aquila Group of Funds IRA.

PARTICIPANT INFORMATION

Name: _____ Daytime Telephone: (_____)_____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

RECHARACTERIZATION INSTRUCTIONS

Use this form to recharacterize a Traditional or Roth Individual Retirement Account ("IRA") contribution or conversion contribution from another custodian or trustee to a Aquila Group of Funds IRA. If you do not have an existing Traditional IRA or Roth IRA to invest the recharacterized proceeds, you must complete a Traditional or Roth IRA Application and Adoption Agreement ("Application"). For the purpose of the recharacterization, the custodian should calculate the net income attributable to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. Recharacterization of a contribution is irrevocable and must be completed on or before the due date, including extensions, for filing your federal income tax return for the tax year for which the contribution was originally made.

A recharacterized contribution is reported as a distribution from the first IRA (reported on IRS Form 1099-R) and a recharacterization contribution to your Aquila Group of Funds IRA (reported on IRS Form 5498) for the tax year in which the recharacterization occurs. The rules regarding recharacterization are complex and you should consult a professional tax advisor prior to any recharacterization. Please refer to IRS Publication 590 for more information.

This form is not intended to facilitate Roth IRA conversions.

TRANSACTION TYPE - Select one of the following: (A, B or C)

A. ☐ Recharacterize my **Roth IRA conversion contribution** (plus allocable earnings) **into an** Aquila Group of Funds **Traditional IRA**.

Date of Conversion: _____ Amount to Recharacterize: $_____

Note: You cannot convert, recharacterize the conversion, and then reconvert back to a Roth IRA during the same tax year or, if crossing tax years, during the thirty-day period following a recharacterization. If you reconvert during either of these periods, it will be a failed conversion. See Publication 590 for additional information.

B. ☐ Recharacterize my **annual contribution** (plus allocable earnings) **from my Traditional IRA to an** Aquila Group of Funds **Roth IRA**.

Date of Contribution: _____ Amount to Recharacterize: $_____

C. ☐ Recharacterize my **annual contribution** (plus allocable earnings) **from my Roth IRA to an** Aquila Group of Funds **Traditional IRA**.

Date of Contribution: _____ Amount to Recharacterize: $_____

INVESTMENT INSTRUCTIONS FOR RECHARACTERIZED PROCEEDS

☐ New Traditional IRA - follow Application investment instructions **(or)** ☐ New Roth IRA - follow Application investment instructions

☐ Invest the proceeds as follows into my existing IRA: ☐ Traditional IRA **(or)** ☐ Roth IRA

Account number: _____

Fund Name:	Dollar Amount $	or Percentage %
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Fund Name:	Dollar Amount $	or Percentage %

Must equal 100%

Continued on next page.

To avoid delays, contact your current custodian to verify their correct address and ask if they require a Medallion Signature Guarantee. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee. Please also attach your most recent statement, if possible.

CURRENT CUSTODIAN AND ACCOUNT INFORMATION

Current Custodian: _____   Telephone Number: (_____)_____

Address: _____

City: _____   State: _____   Zip Code: _____

Investment to Recharacterize: _____

Account Number:_____

Distributing Account Type: ☐ Traditional/Rollover IRA   ☐ Roth IRA

Amount to be Distributed: ☐ Liquidate Entire Account   ☐ Partial $ _____

For Certificates of Deposit: ☐ Immediately*   ☐ At Maturity Date _____

***Note:** if you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to convert certificates of deposit more than 60 days before their maturity.

PARTICIPANT AUTHORIZATION

I authorize the current custodian or trustee of my IRA to distribute the amount indicated for the purpose of recharacterizing it to an IRA with Aquila Group of Funds and to issue a check as indicated below. I understand it is my responsibility to insure the prompt recharacterization of assets by the current custodian or trustee. I understand that I am solely responsible for all tax consequences and agree that neither Aquila Group of Funds nor their Custodian shall have responsibility for any tax consequences resulting from my instructions. I authorize Aquila Group of Funds and BNY Mellon Investment Servicing Trust Company to process this request on my behalf.

I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian, Aquila Group of Funds and their agents will rely on my instructions within this form when accepting my recharacterization contribution. I understand this recharacterization is irrevocable.

Participant's Signature: _____   **Date:** _____

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

INTERNAL USE ONLY – RESIGNING CUSTODIAN INSTRUCTIONS

Issue check payable to: BNY Mellon Investment Servicing Trust Company as custodian for the Aquila Group of Funds Roth IRA.

Participant Name:_____**Recharacterization A/C #** _____

Mail to the following:

First Class Mail:	Overnight Mail:
Aquila Group of Funds	Aquila Group of Funds
P.O. Box 9823	4400 Computer Drive
Providence, RI 02940-9865	Westborough, MA 01581
	1-800-437-1000