



Asset  
Management

# Account Transfer Form For Non-retirement Accounts

Please complete this form if you would like to transfer or gift all or part of your investment.

## 1 INVESTOR INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apartment #	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Daytime Phone	
<input type="text"/>	<input type="text"/>	

## 2 TRANSFER INSTRUCTIONS

Transfer From Information:

Fund Name	Fund Number	Account Number*	Amount (\$50.00 minimum per Fund)	Type (Please circle one)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Dollars <input type="checkbox"/> Percent <input type="checkbox"/> Shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Dollars <input type="checkbox"/> Percent <input type="checkbox"/> Shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Dollars <input type="checkbox"/> Percent <input type="checkbox"/> Shares

\*Can be found on your account statement

## 3 NEW OWNER INFORMATION

You must provide account information for the recipient of the transfer. Please check one of the boxes below and complete the appropriate information.

- ☐ Recipient is establishing a new account. Please complete a new account application and enclose with this form.
- ☐ Recipient has an existing account. Please note that the existing account must be in the same fund and share class.

Fund Number	Account Number	Name on Account
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Number	Account Number	Name on Account
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4 REASON FOR TRANSFER

To ensure accurate cost basis reporting, indicate the type of transfer requested and provide transfer details where applicable. If a reason is not provided, the reason for transfer may be defaulted to Gift. For further guidance on the tax implications of these transfer options please consult your tax adviser.

- ☐ **Re-registration** (name change, divorce/separation, individual to trust, etc.)
- ☐ **Inheritance** (death)

Date of Death  /  /  (required)

Alternate Date  /  /  or Alternate Value \$ \_\_\_\_\_ (optional)

- ☐ **Gift** (If no date is provided, the date of gift will be the trade date.)

Date of Gift  /  /

If the recipient's existing account or new account will use the average cost accounting method, they must sign below indicating acceptance of the shares valued at fair market value on the date of gift or settlement if the shares should be transferred at a loss.

Fair Market Value Acceptance \_\_\_\_\_  
(Signature of new owner)



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## 5 COST BASIS INFORMATION AND OPTIONS

(Not applicable for accounts using Average Cost as the election method.)

The cost basis method on your account will be used to deplete the shares for this transfer unless you provide an alternate election method. If the share amount does not cover the depletion of the transfer, your secondary method or elected method may be utilized to complete this transfer. This is only necessary for partial transfers.

- ☐ First-In-First-Out  
☐ Last-In-First-Out  
☐ High Cost  
☐ Low Cost  
☐ Loss/Gain Utilization  
☐ Specific Lot Depletion

Date of Purchase  /  /

Number of Shares \_\_\_\_\_

Date of Purchase  /  /

Number of Shares \_\_\_\_\_

Date of Purchase  /  /

Number of Shares \_\_\_\_\_

If transferred shares were purchased prior to January 1, 2012 (non-covered shares), we may be able to provide average cost for these shares upon depletion. Average Cost for non-covered shares will be provided to you on your 1099-B and you can choose to use the information for your taxes. The information will *not* be provided to the IRS.

## 6 SIGNATURE

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated. I(we) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about redeeming shares.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## 7 MEDALLION GUARANTEE

A Medallion Guarantee assures that the signature is genuine and not a forgery. Eligible guarantors include banks, brokerage firms or other financial intermediaries that are members of an approved Medallion Guarantee Program. **Note: A Guarantee from a Notary Public is not acceptable.**

Name of eligible guarantor institution:

Signature of authorized person: \_\_\_\_\_

AFFIX MEDALLION GUARANTEE HERE

## 8 RETURN INSTRUCTIONS

**Please mail to:** GOLDMAN SACHS FUNDS, P.O. Box 219711 Kansas City, MO 64121-9711

**Overnight mail:** GOLDMAN SACHS FUNDS, 330 West Ninth Street, 4th Fl. Kansas City, MO 64105

For assistance completing this form, contact Client Services at 1-800-526-7384, Monday thru Friday 8:00AM to 6:30PM Eastern Time.