

IRA Transfer Form

[If this is for a new IRA Account, an IRA Application must accompany this form.]

Mail to: PRIMECAP Odyssey Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 Overnight Express Mail To: PRIMECAP Odyssey Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities).
 Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section Six to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information					
FIRST NAME SOCIAL SECURITY NUMBER					
ADDRESS CITY / STATE / ZIP					
DAYTIME PHONE NUMBER EVENING PHONE NUMBER					
2 Instructions to Current IRA Custodian or Plan Administrator					
Please include a copy of your current account statement.					
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR					
ACCOUNT NUMBER CONTACT PERSON CONTACT NUMBER					
STREET ADDRESS CITY / STATE / ZIP					
Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA,					
Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below: *					
All Assets OR \$ or %					
Please process this request:*					
☐ Immediately OR ☐ At Maturity (month / day / year)					
* If no option is selected, please transfer all assets immediately.					
Type of account being transferred/rolled-over:					
Pension Profit Sharing Plan 401(k) 403(b) Roth 401(k) Roth 403(b) Traditional IRA					
SEP IRA SIMPLE IRA Roth IRA Inherited IRA Other					
Original Roth IRA funding year (if applicable):					
Original SIMPLE IRA funding date (if applicable):					
Send the check representing the assets payable to "The PRIMECAP Odyssey Funds FBO [Shareholder's Name]" along with a copy of this form to the address at the top of page one.					

3 Investment Selection					
A PRIMECAP Odyssey Funds IRA Account The Fund(s) and the allocation(s) specified			·		0
DDIMECAD Odugagy Charle	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT	%
PRIMECAP Odyssey Stock Fund 1652					OR
☐ PRIMECAP Odyssey Growth Fund 1650					OR
PRIMECAP Odyssey Aggressive Growth Fund* 1651					OR
*Only open to existing shareholders of the PRIMECAP Odyssey Aggressive Growth Fund					
4 Age 70½ Information					
Check one of the following:					
☐ I am under the age of 70½ and do not turn 70½ at anytime during this calendar year.					
OR					
□ I am age 70½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.					
5 Conversion of Traditiona	IIRA	to Ro	oth IRA - Optional		
I am converting assets from a Traditional Fund's transfer agent to invest the proceed may be a taxable event. By signing below	eds into	a new o	r existing Roth IRA account,	as indicated in Section Two.	I understand this
OWNER'S SIGNATURE*			DATE (MM/DD	ymm)	

*The Fund's Transfer Agent cannot process the conversion without a signature above.

6 Signature and Certification

I certify that I have established an IRA with the PRIMECAP Odyssey Funds, of which U.S. Bank, N.A., is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eliqibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X	
SIGNATURE OF OWNER IOR GUARDIAN IF IRA OWNER IS A MINORI	DATE (MM/DD/YYYY)

SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

7 Acceptance / Custodian Authorization

U.S. Bank, N.A., hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a PRIMECAP Odyssey Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, N.A.

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For additional information please call toll-free (800) 729-2307

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^{*} A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The quarantee must appear with the printed name, title, and signature of an officer and the name of the quarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.