

# IRA Recharacterization Form

## Instructions

Use this form to recharacterize all or part of your IRA contribution.

## Mailing Address

**Regular Mail:**  
Dodge & Cox Funds  
P.O. Box 219502  
Kansas City, MO 64121-9502

**Express, Certified, or Registered Mail:**  
Dodge & Cox Funds  
430 W 7th Street, Suite 219502  
Kansas City, MO 64105-1407

## Part 1 Current Account Information

Name/Account Registration

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ (\_\_\_\_)  
Social Security Number Contact Phone Number

Fund Account Number

## Part 2 Type of Recharacterization

Recharacterize all or part of a previous IRA **contribution** back to another type of IRA by filling in the blanks below with the IRA type:

Recharacterize a previous

Check one below

- Roth IRA contribution
- traditional IRA contribution
- SEP IRA contribution

to a 

Check one below

- Roth IRA contribution
- traditional IRA contribution
- SEP IRA contribution

## IRA Recharacterization Form

### Part 3 Recharacterization Information

Indicate the Fund, account number, dollar amount and tax year of the original contribution amount you wish to recharacterize.

NOTE: Specify all or part of your **original** contribution amount(s) only. Dodge & Cox Funds will determine the earnings or losses attributable to that amount. Also include that amount in your recharacterization as required by the IRS.

Provide the tax year for which the contribution was originally made.

_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution
_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution
_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution
_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution
_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution
_____	_____	\$ _____	_____
Fund	Account Number	Amount to Recharacterize	Tax Year of Contribution

## IRA Recharacterization Form

**Part 4**  
**Investment Instructions –**  
**Existing or New IRA**

You may invest your recharacterized assets in **either** an existing Dodge & Cox Funds IRA(s), or you may establish a new IRA(s) for these assets.

**A. Existing Dodge & Cox Funds IRA**

Invest the assets from this recharacterization into my existing Dodge & Cox Funds IRA(s) listed below:

_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount
_____	_____	\$ _____
Fund	Account Number	Amount

**B. New Dodge & Cox Funds IRA**

Invest the assets from this recharacterization into a **new** Dodge & Cox Funds IRA. **You must enclose a completed IRA Application, and each new Fund account established must meet the \$1,000 minimum requirement.**

<input type="checkbox"/> <u>Stock Fund - Class I (145)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>Global Stock Fund - Class I (1049)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>International Stock Fund - Class I (1048)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>Balanced Fund - Class I (146)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>Income Fund - Class I (147)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>Global Bond Fund - Class I (1050)</u>	\$ _____
	Amount
<input type="checkbox"/> <u>Emerging Markets Stock Fund (1051)</u>	\$ _____
	Amount

## IRA Recharacterization Form

**Part 5**  
**Certification**  
**and Signature**

I certify the accuracy of the information provided and authorize Dodge & Cox Funds to recharacterize a previous IRA contribution as instructed. I certify that this recharacterization is valid under the IRS rules for deadlines and filing extensions.

I accept full responsibility for complying with all IRS requirements with respect to my Dodge & Cox Funds—UMB Bank, n.a. IRA. I hereby indemnify Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., and UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents if I fail to meet such IRS requirements.



\_\_\_\_\_  
Signature of IRA Owner

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date