

Step

3

IRA Trustee/Custodian Information

Present IRA Trustee/Custodian:

Name

Street Address or P.O. Box Number

City

State

Zip Code

Daytime Telephone Number

Receiving IRA Trustee/Custodian (if different):

Name

Street Address or P.O. Box Number

City

State

Zip Code

Daytime Telephone Number

Step

4

Recharacterization Authorization to IRA Custodian

By my signature below, I am electing to recharacterize **all** or **a portion** of my IRA contributions to the present IRA as a contribution to the receiving IRA, on the same date and for the same tax year, for federal tax purposes. To effect this recharacterization, I hereby direct the transfer of the amount specified below, plus the net income attributable to such contribution, from my present IRA to the receiving IRA. I understand that my decision to recharacterize all or a portion of my IRA contribution is irrevocable after the transfer.

Recharacterize my contribution amount:

From:
Account Number Fund Name Number

To:
Account Number Fund Name Number

Step

4

Recharacterization Authorization to IRA Custodian

Continued

Provide the information requested for each amount to be recharacterized. >

Choose one:

- I request that Harbor Funds calculate any earnings or loss attributable to this transaction.**
Harbor Funds will calculate the earnings or loss attributable. The amount calculated will be the amount withdrawn from my IRA account. By signing this form, I affirm that this information is accurate and that Harbor Funds will not be held responsible for any adverse consequences regarding this transaction.

Type of Contribution: Tax year contribution Conversion

\$		
Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)

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\$		
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Type of Contribution: Tax year contribution Conversion

\$		
Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)

Amount calculated includes earnings or losses attributable to the recharacterization. >

- Recharacterize the amount of \$** **that I have calculated.**

Type of Contribution: Tax year contribution Conversion

\$		
Amount to be Recharacterized	Date of contribution (mm/dd/yyyy)	Year for which made (yyyy)

Step

5

Signature

Mail completed form to:

Standard Mail
Harbor Funds
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery
Harbor Funds
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302

By signing this form I certify that:

The information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I understand that I am responsible for determining my eligibility to recharacterize within the limits set forth by tax laws and related regulations and that this transaction may be subject to fees, taxes, and/or penalties. If I choose to calculate earnings, due to the important tax consequences of this transaction, I agree to consult and obtain the appropriate legal and tax advice necessary to make the proper elections and calculations regarding this transaction request. Neither the Custodian nor the Shareholder Servicing Agent has provided me with any legal or tax advice and I assume full responsibility for this transaction. I will not hold the Custodian nor the Shareholder Servicing Agent liable for any adverse consequences that may result from this transaction.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Signature of Owner	Date (mm/dd/yyyy)

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Signature of Trustee/Custodian	Date (mm/dd/yyyy)