



Transfer Request Form

Dartmouth College Tax-sheltered account (TSA) 401(a)
For assistance please call 800.368.2745.

PART I: FINANCIAL INSTITUTION INFORMATION

| | |
|----------------------------------|------------------------------------|
| NAME OF FINANCIAL INSTITUTION | DATE |
| ADDRESS OF FINANCIAL INSTITUTION | FINANCIAL INSTITUTION PHONE NUMBER |
| CITY/STATE/ZIP | TSA PLAN/CONTRACT NUMBER |

Dear Sir/Madam: A new TSA plan has been established in my name with Calvert. I direct you to terminate the above-referenced TSA plan and either (choose one):

Liquidate all of the assets approximate \$ _____
 Liquidate a portion of the assets: \$ _____ or _____ %.

PART II: FUND SELECTION

Calvert, please invest my funds as follows: (Be sure that percentages add up to 100%.) Your initial investment must total at least \$50 per fund. Subsequent investments may be made in any fund or portfolio in amounts of \$50 or more.

| NAME OF FUND | FUND NUMBER | ALLOCATION |
|--------------|-------------|---------------------|
| 1. | | \$ _____ OR _____ % |
| 2. | | \$ _____ OR _____ % |
| 3. | | \$ _____ OR _____ % |
| 4. | | \$ _____ OR _____ % |
| 5. | | \$ _____ OR _____ % |
| 6. | | \$ _____ OR _____ % |

| | |
|---------------------|------------------------|
| SIGNATURE | DAYTIME TELEPHONE |
| NAME (PLEASE PRINT) | SOCIAL SECURITY NUMBER |

PART III

Dear Sir/Madam: A TSA plan has been established with Calvert in the name of the above-referenced participant. Custodian, Calvert Retirement Plans, accepts the transfer as requested. Accordingly, please transfer cash, as directed above, payable as follows:

CALVERT FBO (PARTICIPANT NAME)

401(a) PROCESSING, P.O. BOX 8060, BOSTON, MA 02266-8060

If you require further information to complete the transfer please call us at 800.368.2745. Thank you for your prompt cooperation. Sincerely,

CALVERT AUTHORIZED SIGNER

Important Information — USA Patriot Act: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

Calvert mutual funds are underwritten and distributed by Calvert Distributors, Inc., member FINRA, subsidiary of Calvert Group, Ltd., 4550 Montgomery Avenue, Suite 1000N, Bethesda, MD 20814. #AF20039-201011