



Transfer Request Form

Dartmouth College
Tax-sheltered account (TSA) section 401(a)

For assistance please call 800.368.2745

A

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

Approximate dollar amount to be transferred to Calvert \$ _____

B 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.

EQUITY FUNDS	
<input type="checkbox"/> 910	CSIF Enhanced Equity Portfolio _____ %
<input type="checkbox"/> 919	CSIF Equity Portfolio _____ %
<input type="checkbox"/> 933	Calvert Social Index Fund _____ %
<input type="checkbox"/> 934	Calvert Large Cap Growth Fund _____ %
<input type="checkbox"/> 961	Calvert Mid Cap Value Fund _____ %
<input type="checkbox"/> 914	Calvert Capital Accumulation Fund _____ %
<input type="checkbox"/> 926	Calvert World Values International Equity Portfolio _____ %
<input type="checkbox"/> 960	Calvert Small Cap Value Fund _____ %
<input type="checkbox"/> 911	Calvert New Vision Small Cap Fund _____ %

BALANCED AND ASSET ALLOCATION FUNDS	
<input type="checkbox"/> 905	CSIF Balanced Portfolio _____ %
<input type="checkbox"/> 962	Calvert Conservative Allocation Fund _____ %
<input type="checkbox"/> 963	Calvert Moderate Allocation Fund _____ %
<input type="checkbox"/> 964	Calvert Aggressive Allocation Fund _____ %

FIXED-INCOME FUNDS	
<input type="checkbox"/> 923	Calvert Short Duration Income Fund _____ %
<input type="checkbox"/> 916	CSIF Bond Portfolio _____ %
<input type="checkbox"/> 908	Calvert Income Fund _____ %
<input type="checkbox"/> 929	Calvert Long-Term Income Fund _____ %

MONEY MARKET FUNDS	
<input type="checkbox"/> 901	Calvert First Government Money Market Fund _____ %
<input type="checkbox"/> 904	CSIF Money Market Portfolio _____ %

TOTAL 100%

Signature _____

Daytime Telephone _____

Name (*please print*) _____

Existing Calvert TSA Number _____

C 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*) _____ TSA Account Number _____

401(a) Processing, Boston Financial, DCS Crown Colony, 66 Brooks Drive, Braintree, MA 02184

Please contact an account representative at 800.368.2745 if you require further information to complete the transfer.

Thank you for your prompt cooperation. Sincerely,

Calvert Authorized Signer _____