

Baron Funds Inherited IRA Beneficiary Re-Registration Form



Please use this form if you are the beneficiary of a Traditional, SEP, or Roth IRA account, **the decedent died in 2020 or later**, and you need to move the assets into your name.

NOTE: For accounts with multiple beneficiaries, each beneficiary must complete a separate Baron Funds Inheriting IRA Beneficiary Re-Registration Form.

1. Current Account Registration (Decedent)

Name of Deceased Account Owner

Social Security Number

____/____/____
Date of Birth

Address

City

State

Zip Code

Fund Name

Account Number

____/____/____
Date of Death

2. Beneficiary Information (You)

Beneficiary's Full Name or Name of Trust or Estate

Social Security Number / Tax ID Number

____/____/____
Date of Birth/Trust

Street Address (P.O. Box not acceptable except for APO/FPO) – Required

City

State

Zip Code

Mailing Address (if different from Street Address)

City

State

Zip Code

Trustee/Executor Full Name

Social Security Number

____/____/____
Date of Birth

Daytime phone

Evening phone

Email Address

Original IRA Account Type: Traditional IRA (includes SEP IRA) Roth IRA

For a Trust: First and last pages of the Trust Agreement indicating current Trust name, Trust date and the signature page of the Trust Document. All the information must match what's on the Trust documents you supply.

For an Estate: Copy of the Letters of Administration, Letters of Testamentary or court appointment.

3. Required Minimum Distribution — Required only for Traditional (includes SEP) IRAs and if the deceased IRA holder was age 72 or older in the year of death.

If the deceased Traditional or SEP IRA holder was age 72 or older and did not take a Required Minimum Distribution (RMD) in the year of death, an RMD must be taken before the account can be re-registered.

The deceased IRA owner already fulfilled this tax year's RMD.

The deceased IRA owner has not fulfilled the RMD due for this tax year. Please check one box in each category below (3A, 3B, 3C and 3D).

3A. Calculation Method:

I've calculated the deceased IRA holder's RMD and would like to distribute \$ _____ or; I

would like Baron to calculate the deceased IRA holder's RMD using the:

IRS Uniform Lifetime Table or;

IRS Joint Life Table (The Spouse must be more than 10 years younger and the sole primary beneficiary)

3B. Distribution Percentage:

I am the sole designated beneficiary, please send the entire RMD amount to the beneficiary listed in section 2.

I am not the sole designated beneficiary, please send \$ _____ OR _____% of the RMD amount to the beneficiary listed in section 2.

3C. Payment Method and Instruction: (more options on next page)

Send check to Beneficiary at address of record (listed in section 2)*

Send proceeds by federal funds wire to my bank* Staple a check marked "void" from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being wired to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. A \$5 wire fee will be deducted from the proceeds.

(Required Minimum Distribution continued on next page)

3. Required Minimum Distribution — Continued

- Send proceeds by Automated Clearing House (ACH) to my bank*** Staple a check marked "void" from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being sent to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. ACH redemptions over \$50,000 cannot be accepted. Please confirm eligibility, fees, and applicable routing number(s) for ACH transactions with your financial institution.

*Medallion Signature Guarantee required (please see section 11)

3D. Withholding Instructions: (Form W-4P/OMB No. 1545-0074)

If you do not check a box for federal tax withholding, 10% will be withheld from your distribution and sent to the IRS. In general, you cannot exempt yourself from withholding if payments are delivered outside the United States. If you are a nonresident alien, do not complete this section. Please also note that certain states require mandatory withholding. For more information on withholding, please call 800-598-0782.

- Withhold federal income tax at a rate of** _____ % (not less than 10 percent) from the amount withdrawn.
- Withhold additional federal income tax of \$** _____.
- Effective** _____ / _____ / _____ **I elect not to have federal income tax withheld.** I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are insufficient.

4. Beneficiary Relationship

Please provide your beneficiary relationship with the original owner of the IRA/Roth IRA in order to open an account. Please select only **one** beneficiary type. If you need further guidance, contact your tax advisor.

4A. INHERITING DIRECTLY FROM THE ORIGINAL OWNER. Please check one.

- First Generation Eligible Designated Sole Spouse Beneficiary*** (1st Gen EDB-Sole Spouse). *Select this option if you are a sole spouse and you are not electing to treat as your own IRA. If you are treating the IRA as your own, skip this section and see Installment Distribution/RMD Section below. Please see section 5A.*
- First Generation Eligible Designated Minor Beneficiary*** (1st Gen EDB-Minor). *Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendant (son or daughter) of the deceased shareholder. Please see section 5A.*
- First Generation Eligible Designated Beneficiary - Other*** (1st Gen DB). *Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner). Please see section 5A.*
- First Generation Non-Designated Beneficiary*** (1st Gen NDB). *Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust). Please see section 5B.*
- First Generation Designated Beneficiary.*** *Select this option if you are not eligible for Life Expectancy (Non-Spouse beneficiary(ies) whose age is more than 10 years younger than the decedent's age). Please see section 5C.*

4B. INHERITING FROM A BENEFICIARY (NOT THE ORIGINAL OWNER). Please check one.

- Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary*** (2nd or > Gen EDB-Sole Spouse). *Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse. Please see section 5C.*
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Minor of Deceased Owner*** (2nd or > Gen EDB-Minor). *Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original account owner. Please see section 5C.*
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary - Other*** (2nd or > Gen EDB-Other). *Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct descendant of the original account owner. Please see section 5C.*
- Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary*** (2nd or > Gen DB). *Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments. Please see section 5C.*

Prior Owners of IRA/Roth IRA Complete this section **only** if you selected one of the Succeeding Generation Beneficiary options above. Add all previous owners of this IRA/Roth IRA. If you complete this section, but selected a First Generation Beneficiary Option above, no action will be taken on the information provided.

Name	DOB	DOD
------	-----	-----

Name	DOB	DOD
------	-----	-----

*Medallion Signature Guarantee required (please see section 11)

5. Distribution Options for New Account Owner — Fill out 5A, 5B or 5C

5A. ELIGIBLE DESIGNATED BENEFICIARY: Includes spouse, minor (must be child of decedent⁺), disabled individuals, certain chronically ill individuals, non-spouse beneficiary(ies) who is(are) older OR no more than 10 years younger than the decedent. **Please check one.**

- Full liquidation*** of the inherited proceeds. Please indicate a payment method in section 7 and withholding election in section 8.
- Treat the IRA as my own*** (Applies to spouse only) *Important:* If the spousal beneficiary is treating the IRA as their own, any distribution will be normal or premature, subject to the age of the account holder, not the decedent. Please check one box below.

Establish a new IRA*

Existing Baron Funds IRA Account* The shares may be transferred to my existing Baron Funds IRA Account.

Existing fund/account number: _____

- Transfer to an Inherited IRA*** The elections for this option are below. Please check one.

Partial Redemption* of \$ _____ or _____ shares. The beneficiary accepts responsibility for ensuring the life expectancy payments are distributed each year.

Life Expectancy* Payments will be based on single life expectancy (recalculated), using IRS Life Expectancy Tables. If selecting this option, the beneficiary must begin their life expectancy distribution by the later of December 31st of the year following the shareholder's death **OR** (for spouse only) December 31st of the year in which the original IRA participant would have reached the age of 72. If you wish to defer the required beginning date until the original IRA participant (your spouse) would have reached 72, check this box. Otherwise, please indicate the desired frequency of the periodic payments and the beginning date below.

I have calculated my life expectancy payment for tax year _____ and would like to distribute \$ _____.

Please have Baron calculate my life expectancy payments and set up **Life Expectancy Installment Payments.**

Allow 10 days for payments to begin.

15th business day of the month or;

The last business day of the month

15th and last business day of the month

Frequency (Select Month or Months)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

- Transfer to an Inherited IRA* (10 Year Rule)** The elections for this option are below. Please check one.

The beneficiary may choose to keep the proceeds in an inherited IRA account under the 10 Year Rule, until December 31st of the 10th calendar year following the IRA shareholder's death. Periodic payments may be made until the account is depleted. The beneficiary accepts responsibility for ensuring the account is liquidated within the required time.

I elect not to distribute at this time.

One Time Partial Distribution from my inherited account in the amount of \$ _____ or _____ %.

Fixed Distribution of \$ _____ to be distributed, as follows:

Allow 10 days for payments to begin.

15th business day of the month or;

The last business day of the month

15th and last business day of the month

Frequency (Select Month or Months)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

5B. NON-DESIGNATED BENEFICIARY (ESTATE/NON-QUALIFIED TRUST/CHARITIES). Please check one.

- Full liquidation*** of the inherited proceeds. Please indicate a payment method in section 7 and withholding election in section 8.

- Transfer to an Inherited IRA*** The elections for this option are below. Please check one.

Partial Redemption* of \$ _____ or _____ shares. The beneficiary accepts responsibility for ensuring the life expectancy payments are distributed each year.

Life Expectancy* Only available when the shareholder died after the required beginning date. Payments will be based on single life expectancy (the original factor is calculated in the first year and then reduced by one each year thereafter), using IRS Life Expectancy Tables. If selecting this option, the beneficiary must begin their life expectancy distribution by December 31st of the year following the shareholder's death. Please indicate the desired frequency of the periodic payments and the beginning date below.

I have calculated my life expectancy payment for tax year _____ and would like to distribute \$ _____.

Please have Baron calculate my life expectancy payments and set up **Life Expectancy Installment Payments.**

*Medallion Signature Guarantee required (please see section 11)

+ Once minor reaches Age of Majority, the 10 year rule applies.

5. Distribution Options for New Account Owner — Continued

Allow 10 days for payments to begin.

- 15th business day of the month or;
- The last business day of the month
- 15th and last business day of the month

Frequency (Select Month or Months)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

- 5 Year Rule*** Only available when the shareholder died before the required beginning date (this option is always available for Roth IRAs). The beneficiary may choose to keep the proceeds in an inherited IRA account under the 5 Year Rule, until December 31st of the 5th calendar year following the IRA shareholder's death. Periodic payments may be made until the account is depleted. The beneficiary accepts responsibility for ensuring the account is liquidated within the required time.

- I elect not to distribute at this time.
- One Time Partial Distribution** from my inherited account in the amount of \$ _____ or _____ %.
- Fixed Distribution** of \$ _____ to be distributed, as follows:

Allow 10 days for payments to begin.

- 15th business day of the month or;
- The last business day of the month
- 15th and last business day of the month

Frequency (Select Month or Months)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

5C. DESIGNATED BENEFICIARY: Includes non-spouse beneficiary(ies) whose age is more than 10 years younger than the decedent's age.

These options also apply to Qualified Trusts if decedent's date of death year was 2020 or after, otherwise please see section 5B. Please check one.

- Full liquidation*** of the inherited proceeds. Please indicate a payment method in section 7 and withholding election in section 8.

- Transfer to an Inherited IRA* 10 Year Rule** The elections for this option are below. Please check one.

The beneficiary may choose to keep the proceeds in an inherited IRA account under the 10 Year Rule, until December 31st of the 10th calendar year following the IRA shareholder's death. Periodic payments may be made until the account is depleted. The beneficiary accepts responsibility for ensuring the account is liquidated within the required time.

Please Note: If you are a succeeding generation beneficiary of a designated beneficiary, please consult with your tax advisor to determine the actual time you have remaining to deplete the account.

- I elect not to distribute at this time.
- One Time Partial Distribution** from my inherited account in the amount of \$ _____ or _____ %.
- Fixed Distribution** of \$ _____ to be distributed, as follows:

Allow 10 days for payments to begin.

- 15th business day of the month or;
- The last business day of the month
- 15th and last business day of the month

Frequency (Select Month or Months)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

6. Beneficiary Designation — Please complete if opening a new Spousal or Beneficiary (DCD) IRA.

A beneficiary designation is used to indicate the individual(s) or entity(ies) that will receive your IRA assets in the event of your death. In the event of your death, the full value of your IRA account(s) (in equal proportions in the case of multiple beneficiaries, unless you indicated otherwise) will be paid to the Primary Beneficiary(ies) as designated in this section. If a Primary Beneficiary predeceases you, the remaining portion will be divided proportionally to any surviving Primary Beneficiaries. If no Primary Beneficiary survives you the full value of your IRA account(s) (in equal proportions in the case of multiple beneficiaries, unless you indicated otherwise) will be paid to the Contingent Beneficiary(ies) as designated in this section. If a Contingent Beneficiary predeceases you, the remaining portion will be divided proportionally to any surviving Contingent Beneficiaries. If no designated beneficiary survives you, or if you do not designate a beneficiary, the full amount of your IRA account(s) will be paid to your estate.

Please check Primary or Contingent for each additional beneficiary listed below. If neither is checked, the individual or entity will be deemed an additional Primary Beneficiary. Please make sure that the share % total equals 100% per beneficiary type. If no percentages are given, assets will be split equally among each type of beneficiary.

IMPORTANT NOTE: To add additional beneficiaries, please attach a separate sheet of paper with all the necessary information.

<input checked="" type="checkbox"/> PRIMARY Share % _____ Name _____	Check one and provide the number: <input type="checkbox"/> Social Security Number <i>or</i> <input type="checkbox"/> Tax ID <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
--	--

Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	Date of Birth <i>or</i> Date of Trust _____
--	---

Address _____	City _____	State _____	Zip Code _____
---------------	------------	-------------	----------------

<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT Share % _____ Name _____	Check one and provide the number: <input type="checkbox"/> Social Security Number <i>or</i> <input type="checkbox"/> Tax ID <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
--	--

Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	Date of Birth <i>or</i> Date of Trust _____
--	---

Address _____	City _____	State _____	Zip Code _____
---------------	------------	-------------	----------------

CONSENT OF SPOUSE (if applicable): Required if Non Spouse Beneficiary(ies) are named as Primary Beneficiary(ies) and you live in a community or marital property state.

I am the spouse of the participant named in section 2. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the Plan when my spouse dies.

X _____
 Participant's Spouse Signature _____ Date _____

7. Payment Method and Instructions — Please check one box if redeeming after re-registering.

- Send check to Beneficiary Account Owner at address of record listed in section 2.
- Send check to Special Payee and Address as indicated below*

Special Payee Name	Address
--------------------	---------

- Send proceeds by federal funds wire to my bank*. Staple a check marked "void" from your checking account.** Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being wired to a savings bank, it must have only one correspondent bank that it is a member of the Federal Reserve System. A \$5 wire fee will be deducted from the proceeds.
- Send proceeds by Automated Clearing House (ACH) to my bank*. Staple a check marked "void" from your checking account.** Starter checks, money market checks, deposit slips, and counter checks are not acceptable. If proceeds are being sent to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. ACH redemptions over \$50,000 cannot be accepted. Please confirm eligibility, fees, and applicable routing number(s) for ACH transactions with your financial institution.

Proceeds resulting from a redemption request by check, wire or by ACH will normally be sent to you within seven calendar days after receipt of your request in good order.

*Medallion Signature Guarantee required (please see section 11)

8. Withholding Election (FORM W-4P/OMB NO. 1545-0074) — Please check one box if redeeming after re-registering. (see sections 9 and 10 for more information)

If you do not check a box for federal tax withholding, 10% will be withheld from your distribution and sent to the IRS. In general, you cannot exempt yourself from withholding if payments are delivered outside the United States. If you are a nonresident alien, do not complete this section. Please also note that certain states require mandatory withholding, and some, such as Michigan and Connecticut, require use of their own withholding election form to waive withholding.

- Withhold federal income tax at a rate of _____% (not less than 10 percent) from the amount withdrawn.
- Withhold additional federal income tax of \$_____.
- Effective ____/____/____ I elect not to have federal income tax withheld. I understand that I am still liable for the payment of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are insufficient.

9. Federal Tax Withholding Notice Information

General Information

Distributions from your Baron IRA are treated as nonperiodic payments for federal income tax purposes. Generally, nonperiodic payments must have federal income tax withheld at a rate of not less than 10 percent, unless you elect to waive this withholding.

Revoking or Changing Withholding

To have federal income tax withheld from your IRA distribution or to change or revoke a previously filed withholding election, you must submit this form or a completed Form W-4P. **Your election will remain in effect for any subsequent distributions unless you change or revoke it.**

A U.S. citizen or resident alien may not waive withholding on any distribution delivered outside of the U.S. or its possessions. Distributions to a nonresident alien are generally subject to a tax withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between the non-resident alien's country of residence and the United States, and the nonresident alien submits Form W8-BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, or satisfies the documentation requirements as provided under the regulations. For more information, please consult your tax advisor or visit the IRS website, www.irs.gov.

If you do not elect to have federal tax (and, if applicable, state tax) withheld from your distribution, you are responsible for the full payment of federal income tax, any state or local taxes, and any penalties which may apply to your distribution.

You may be responsible for estimated tax payments and could incur penalties if your estimated tax payments are not sufficient. Please consult your tax advisor or visit the IRS website, www.irs.gov, for more information on tax requirements and penalties.

Statement of Income Tax Withheld from Your IRA

Each January, you will receive a Tax Form 1099-R from UMB Bank, n.a. showing the total amount of your IRA distributions and the total federal and state income tax withheld during the year if you had any such reportable activity.

10. State Tax Withholding

Mandatory Withholding

Certain states may require mandatory state tax withholding. If you are a resident of such a state, and you elect to have federal income tax withheld from your distribution, we will automatically withhold taxes at your state's required rate. The states currently mandating withholding are: Arkansas, California, Connecticut (a completed Form CT-W4P is required to waive withholding, if eligible), Delaware, Iowa, Kansas, Maine, Massachusetts, Mississippi, (certain exceptions to the mandatory state tax withholding in Mississippi may apply), North Carolina, Oklahoma, Oregon, and Vermont.

If you are a resident of the District of Columbia, income tax will be withheld at the required rate for the District of Columbia regardless of your federal income tax withholding election. For any partial withdrawals or systematic withdrawals, please contact Baron Shareholder Services at 800-343-5678 if you wish to request a waiver for this withholding.

If you are a resident of Michigan, income tax will also be withheld at your state's required rate regardless of your federal income tax withholding election. If eligible, Michigan state residents must submit a completed MI-W4P Form in order to waive the mandatory state withholding for all future distributions.

Each state sets its own withholding rates and requirements on taxable distributions. You are responsible for paying your federal, state, and local income taxes and any penalties, including penalties for insufficient withholding. This information on state withholding is subject to change. **Please contact your state's Department of Revenue or a professional tax adviser if you have questions about the withholding policy of your state.**

Voluntary Withholding

Although some states permit voluntary withholding, Baron is unable to comply with requests for voluntary withholding.

11. Signature and Declaration

By signing this form establishing an IRA, you (i) appoint UMB Bank, n.a., or its successor, as Custodian of the Account, (ii) state that you have received, read, accepted, and specifically incorporated the Custodial Agreement and Disclosure Statement by reference to this form, (iii) acknowledge receipt of the current prospectus of the mutual fund(s) selected, (iv) agree to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Plan, (v) affirm that your participation is completely voluntary. You hereby adopt The Baron Funds Individual Retirement Account (IRA) Agreement upon the terms and conditions thereof.

By my signature below, I confirm that I am the beneficiary of the decedent's IRA and that I am requesting to either transfer or liquidate the decedent's IRA assets. I certify that all the information on this form is accurate. I further certify that I have not received any tax advice from the Custodian, Baron, or its affiliates. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Custodian, Baron or its affiliates shall in no way be held responsible. This form must be signed by all trustees, executors or corporate officers whose signatures are required under the trust agreement or corporate bylaws.

By signing below, I certify under penalty of perjury that:

- (1) I am a U.S. citizen, resident alien, or a representative of the U.S. entity;
- (2) The social security number or employer identification number shown on this form is the correct Taxpayer Identification Number;
- (3) I am not subject to backup withholding because
 - I am exempt from backup withholding OR
 - I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of Failure to report all interest or dividends OR
 - The IRS has notified me that I am no longer subject to backup withholding.Strike out Item (3) above if you have been notified that you are subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Beneficiary or Legal Representative's Signature	Legal Capacity	Date
---	----------------	------

Beneficiary or Legal Representative's Signature	Legal Capacity	Date
---	----------------	------

Affix Medallion Signature Guarantee below:*

Signature of Authorized Officer of Guarantor	Title
--	-------

GUARANTEE STAMP

* A Medallion Signature guarantee is required if the proceeds are being moved from a deceased IRA holder's account into your own IRA (spouse only), or from a deceased IRA holder's account into a beneficiary account, if the beneficiary is requesting that an RMD payment be distributed before the account is transferred, or if the beneficiary is doing a full liquidation. Signatures can be guaranteed by an eligible guarantor institution in accordance with procedures established by the Fund's Shareholder Servicing Agent. A signature guarantee by a notary public is not acceptable. The website www.msglookup.com may help you locate an institution in your area that provides Medallion Signature Guarantees.

If you have any questions, please call 1-800-442-3814 Monday – Friday, 9:00AM – 5:00PM ET
Return this form to: The Baron Funds, P.O. Box 219946, Kansas City, MO 64121-9946
For overnight delivery, mail to: The Baron Funds, 430 W 7th Street, Kansas City, MO 64105-1514
Instructions and transaction requests by facsimile or e-mail are not accepted.