

SECTION 1: Account Information

Account Number _____

Owner _____

Social Security Number _____

Date of Birth _____

Mailing Address _____

City, State, Zip Code _____

(____) _____ (____) _____
Day Phone Evening Phone

E-mail Address _____

SECTION 2: Current Custodian

Current Trustee/Custodian/Employer _____

Account Number _____

Mailing Address _____

City, State, Zip Code _____

(____) _____
Phone

SECTION 3: Transfer/Distribution Options

Transfer

Please transfer/roll over assets from my account listed in Section 2. This account is a:

- Traditional IRA Rollover IRA Qualified R/O IRA ROTH
 SEP SIMPLE 403(b) Other

I would like to move these assets into the following account:

- New Account (please complete a New Account Application)
 Existing Account _____

Investment Allocation

_____ \$ _____ OR _____ %
Fund Name

_____ \$ _____ OR _____ %
Fund Name

_____ \$ _____ OR _____ %
Fund Name

_____ \$ _____ OR _____ %
Fund Name

SECTION 3: Transfer/Distribution Options (continued)

In accordance with my custodial agreement or plan document, I hereby authorize my current Trustee/Custodian to deduct any outstanding fees due from my account at the time of transfer.

Qualified Plan Distribution

I would like a distribution from my qualified plan for the following reason(s):

- Termination of Employment Death Plan Termination
 Attainment of Retirement Age (typically 59 ½)

"In Kind" Transfers

If the account listed above contains shares of AQR Funds family of funds – you may choose to transfer them "in kind." To transfer all other assets, they must be liquidated.

For Certificates of Deposit, redeem: Immediately At Maturity

Transfer #1

_____ Fund Name/Type of Investment

_____ Account Number

- Liquidate Transfer "In Kind"
 Entire Account
 Partial Account \$ _____ OR _____ %

Transfer #2

_____ Fund Name/Type of Investment

_____ Account Number

- Liquidate Transfer "In Kind"
 Entire Account
 Partial Account \$ _____ OR _____ %

Transfer #3

_____ Fund Name/Type of Investment

_____ Account Number

- Liquidate Transfer "In Kind"
 Entire Account
 Partial Account \$ _____ OR _____ %

SECTION 4: Authorization/Signatures

Current Trustee/Custodian: I have established an Individual Retirement Account or 403(b)(7) Custodial Account with AQR Funds and have appointed Colorado State Bank and Trust, N.A. as the custodian. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted above, which your company holds for me.

If I am 70 1/2 years of age or older and have begun taking my minimum required distributions from the account which is being transferred to AQR Funds, I understand and acknowledge that I am responsible for notifying AQR Funds of the existence and birth date of any spouse beneficiary which existed on my account as of my required beginning date, as that term is defined in Treasury Regulation 1.401(a)(9), as well as the method of calculation which I elected for determining life expectancy over which required distributions are to be made from the account. Should I fail to provide this information, I understand that future calculations of my minimum required distribution amounts may result in underpayments, which would subject me to a 50% excess accumulations penalty tax.

Owner Signature Date

SECTION 5: Signature Guarantee

To protect yourself against fraud, your signature must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

- Eligible guarantor's: Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings
(STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

Medallion Signature Guarantee Stamp (ID Required)

Bank or Dealer Firm

Officer Title

Officer Signature Date

SECTION 6: Colorado State Bank & Trust

This is to inform you that Colorado State Bank and Trust, N.A. will accept the account referenced in Section 2.

This transfer of assets/direct rollover is to be executed from fiduciary to fiduciary and will not place the participant in actual receipt of all or any of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover.

Accepted by Colorado State Bank and Trust, N.A., as Custodian for AQR Funds.

Colorado State Bank & Trust Authorized Representative Date

Please mail completed form to:

Regular Mail:
AQR Funds
PO. Box 2248
Denver, CO 80201-2248

Overnight Mail:
AQR Funds
1290 Broadway, Ste 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 866-290-2688.