

**Regular mail:**  
NexPoint Funds  
PO Box 219424  
Kansas City, MO 64121-9424  
Telephone: 877-665-1287

**Overnight mail:**  
NexPoint Funds  
430 W 7th Street, Suite 219424  
Kansas City, MO 64105-1407

## NEXPOINT FUNDS INDIVIDUAL RETIREMENT ACCOUNT (IRA) RECHARACTERIZATION FORM

To be completed when recharacterizing a contribution or conversion between Traditional and Roth IRAs.

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### PARTICIPANT INFORMATION

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Name: \_\_\_\_\_ Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### RECHARACTERIZATION INSTRUCTIONS

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If you do not have an existing Roth IRA or Traditional IRA, you must complete a Traditional and Roth IRA Application and Adoption Agreement ("the Application"). Earnings associated with the recharacterization are calculated according to Internal Revenue Service (IRS) regulations. All transactions are reportable to the IRS on IRS form 1099-R (distribution) and 5498 (contribution).

### TRANSACTION TYPE

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Select one of the following:

Recharacterize my **conversion contribution** (plus allocable earnings) from my **Roth IRA back to a Traditional IRA**.

Date of Conversion: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Traditional IRA to a Roth IRA**.

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Traditional IRA Account Number: \_\_\_\_\_

To: Roth IRA Account Number: \_\_\_\_\_ or  Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Roth IRA to a Traditional IRA**.

Date of Contribution: \_\_\_\_\_ Amount to Recharacterize: \$ \_\_\_\_\_

From: Roth IRA Account Number: \_\_\_\_\_

To: Traditional IRA Account Number: \_\_\_\_\_ or  Application attached

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*Please complete and sign page 2*

**DISTRIBUTION INSTRUCTIONS FOR RECHARACTERIZED AMOUNTS**

From: Fund Name: \_\_\_\_\_ %

From: Fund Name: \_\_\_\_\_ %

From: Fund Name: \_\_\_\_\_ %

Election must equal 100%

**INVESTMENT INSTRUCTIONS FOR RECHARACTERIZED PROCEEDS**

To: Fund Name: \_\_\_\_\_ %

To: Fund Name: \_\_\_\_\_ %

To: Fund Name: \_\_\_\_\_ %

Election must equal 100%

**CERTIFICATION AND SIGNATURE**

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I authorize NexPoint Funds and the IRA custodian to process this recharacterization request. I certify that I am the Participant authorized to make this election and that all information provided on this form is true and accurate. I further certify that no tax or legal advice has been given to me by the IRA custodian, NexPoint Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The IRA custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The IRA custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election and agree that the IRA custodian, NexPoint Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

**I have read and understand and agree to be legally bound by the terms of this form.**

Participant's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**Mail to the following:**

**First Class Mail:**  
NexPoint Fuds  
PO Box 219424  
Kansas City, MO 64121-9424

**Overnight Mail:**  
NexPoint Funds  
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