

IRA Transfer Form

[If this is for a new IRA Account – an IRA Application must accompany this form.]

Mail To: LKCM Funds
 c/o U.S. Bancorp Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: LKCM Funds
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53202-5207

Complete this form to transfer existing IRAs and direct rollovers from qualified retirement plans. For additional information, please call toll-free **800-688-5526**.

1. Investor Information

NAME	SOCIAL SECURITY NUMBER
ADDRESS	
CITY/STATE/ZIP	
()	()
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR		
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER
ADDRESS		

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

- All Assets
 OR
 \$ _____ or _____ %

***All assets will be sold immediately if no selections are made.**

Please process this request:

- immediately
 OR
 at maturity _____ (month/day/year)

Note: There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator to determine the applicable penalty, if any. Please send all transfer requests **at least 3 weeks** before maturity to allow for proper time limitations.

Send the check representing the assets payable to LKCM Funds, along with a copy of this form to the address below:

LKCM Funds
 FBO [Shareholder Name]
 [Account Number]
 c/o U.S. Bancorp Fund Services, LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

3. Investment Choices

An LKCM Funds **IRA Account Application must be completed to process this transfer if a new account is being established.** The Fund(s) and the allocation(s) specified on the application will be used if they are different from those indicated below.

	New	Existing	Account # (if applicable)	Amount	Percentage
<input type="checkbox"/> LKCM Small Cap Equity Institutional Class	(929)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	OR _____ %
<input type="checkbox"/> LKCM Equity Fund Institutional Class	(930)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	OR _____ %
<input type="checkbox"/> LKCM Balanced Fund	(931)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	OR _____ %
<input type="checkbox"/> LKCM Fixed Income Fund	(932)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	OR _____ %
<input type="checkbox"/> LKCM Small-Mid Cap Equity Fund Institutional Class	(1966)	<input type="checkbox"/>	<input type="checkbox"/> _____	\$ _____	OR _____ %

4. Age 70½ Information

Check one of the following:

- I am under the age of 70½ and do not turn 70½ at anytime during the calendar year, or
 I am age 70½ or older and understand that no part of my required distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties resulting if a transfer or roll over of my required distribution occurs.

5. Conversion of Traditional IRA to Roth IRA

Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Conversion Roth IRA.

6. Signature and Certification

I certify that I have established an IRA with the LKCM Funds, of which U.S. Bank, National Association is the Custodian. I agree to contact my present Custodian that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my own tax professional for advice.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your States abandoned property laws.

I authorize U.S. Bancorp Fund Services, LLC to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER OR GUARDIAN (IF IRA OWNER IS A MINOR)

DATE

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

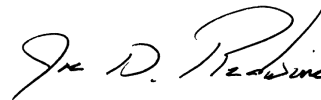
Important: Please contact your current Custodian to determine if a signature guarantee is required.*

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Stamp or seal is not acceptable.*

7. Acceptance

Custodian Authorization: U.S. Bank, National Association hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in an LKCM Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, National Association



Before you mail, have you:

- Completed an IRA Account Application if the transfer or direct rollover is going into a new account?
- Included documents from your current custodian or plan administrator, if required?
- Signed the application in section 6?