Ave Maria Mutual Funds
Simple IRA Transfer Request

PO Box 46707
Cincinnati, OH 45246
(888) 726-9331
(877) 513-0756 fax

A

IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)	CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS

Social Security Number	Date of Birth	Home Phone	IRA Account Number (Transferring IRA)	Trustee's or Custodian's Phone Number

B

TRANSFER ACCOUNT TYPE

Type of Account to Transfer (please include a copy of a recent statement from your current custodian):

☐ SIMPLE IRA
☐ Beneficiary IRA _____
(Name of Deceased)

INVESTMENT INSTRUCTIONS

☐ New Account (application attached) ☐ Existing Account (list number below) _____

Invest the Assets in the following manner:

STOCK FUNDS

☐ Ave Maria Growth Fund – AVEGX $_____ or _____%
☐ Ave Maria Rising Dividend Fund – AVEDX $_____ or _____%
☐ Ave Maria Value Fund – AVEMX $_____ or _____%
☐ Ave Maria Undiscovered Fund – AVEUX $_____ or _____%
☐ Ave Maria World Equity Fund – AVEWX $_____ or _____%

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☐ Ave Maria Growth Focused Fund – AVEAX $_____ or _____%
(formerly the Ave Maria Focused Fund)
☐ Ave Maria Value Focused Fund – AVERX $_____ or _____%
(formerly the Schwartz Value Focused Fund)

BOND & CASH FUNDS

☐ Ave Maria Bond Fund – AVEFX $_____ or _____%
☐ Ave Maria Money Market Account – GOAXX $_____ or _____%

Total 100%

TRANSFER INSTRUCTIONS

☐ In-Kind Transfer of shares of the Ave Maria Mutual Funds (Do not liquidate)

or

☐ Liquidate and Transfer (select one option below):

☐ All
☐ Partial $_____ or _____%
☐ Other – Attached are additional transfer instructions

Name of Asset to be liquidated: _____

Please make a check payable as follows:

AVE MARIA MUTUAL FUNDS
FBO <Shareholder Name> SIMPLE IRA
Account # _____
PO Box 46707
Cincinnati, OH 45246

BENEFICIARY TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)

I authorize the Trustee or Custodian named above to

☐ Distribute my RMD to me prior to transferring the IRA assets
☐ Segregate and retain my RMD amount
☐ Include the amount that represents my RMD in the transfer

C

SIGNATURE OF IRA HOLDER

I hereby appoint First National Bank of Omaha, N.A. to serve as Custodian in accordance with the terms and conditions of this document and hereby acknowledge that I have read the Disclosure Statement contained herein and understand that the account is subject to an annual fee of $15. I hereby certify that the above Social Security Number is true and correct.

I hereby adopt the Individual Retirement Account. I hereby certify that I have full right and power, and legal capacity to purchase shares of the Fund(s) and affirm that I have received a current Prospectus and understand the investment objectives and policies stated therein.

I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

_____ _____
(IRA Holder) (Date)

ACCEPTING IRA TRUSTEE OR CUSTODIAN

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

_____ _____
(Authorized Signature of New Trustee or Custodian) (Date)

Please contact your resigning trustee/custodian as they may require a member of the medallion program to guarantee your signature.

Medallion Signature Guarantee