Ave Maria Mutual Funds Simple IRA Transfer Request

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	Hor	ne Phone	IRA Account Number (Transferring IRA)	Trustee's or Custodian's Phone Number	
B	TRANSFER ACCOUNT TYPE				TRANSFER INSTRUCTIONS		
	Type of Account to Transfer (please include a copy of a recent statement from your current custodian):				In-Kind Transfer of shares of the Ave Maria Mutual Funds (Do not liquidate)		
	SIMPLE IRA Beneficiary IRA (Name of Deceased)			_	or Liquidate and Transfer (select one option below):		
				Partial \$ or%			
	INVESTMENT INSTRUCTIONS						
	New Account (application attached) Existing Account (list number below)			umber below)	Name of Asset to be liquidated:		
	Invest the Assets in the follow	Invest the Assets in the following manner: Ave Maria Value Fund (AVEMX) Ave Maria Growth Fund (AVEGX)					
	Ave Maria Value Fund (AV				Please make a check payable as follows: AVE MARIA MUTUAL FUNDS FBO <shareholder name=""> SIMPLE IRA Account # PO Box 46707 Cincinnati, OH 45246</shareholder>		
	Ave Maria Growth Fund (A						
		Ave Maria Rising Dividend Fund (AVEDX) \$ or%					
	Ave Maria World Equity Fo	und (AVEWX) \$	or	%		SFER INSTRUCTIONS FOR	
	Ave Maria Focused Fund (AVEAX) \$ or%			REQUIRED MINIMUM DISTRIBUTION (RMD)			
	Ave Maria Bond Fund (AV	EFX) \$	or	%	I authorize the Trustee or Custodian nar Distribute my RMD to me prior t		
	Ave Maria Money Market A	Account \$	or	%	Segregate and retain my RMD an	nount	
			Total	100%			

6	C	
	U)

SIGNATURE OF I	RA HOLDER	ACCEPTING IRA TRUSTEE OR CUSTODIAN	
I hereby appoint First National Bank of Omaha, N.A terms and conditions of this document and hereby Statement contained herein and understand that the hereby certify that the above Social Security Number	acknowledge that I have read the Disclosure account is subject to an annual fee of \$15. I	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.	
I hereby adopt the Individual Retirement Account. I and legal capacity to purchase shares of the Fund Prospectus and understand the investment objectives	s) and affirm that I have received a current	(Authorized Signature of New Trustee or Custodian) (Date)	
I authorize the transfer of the IRA assets in the man information provided by me is correct and may be re	lied upon by the Trustee or Custodian.	Please contact your resigning trustee/custodian as they may require a member of the medallion program to guarantee your signature.	
I understand that I am responsible for determining my eligibility to transfer within the limits so forth by tax laws, related regulations and plan agreements. I assume responsibility for any ta consequences or penalties that may apply to the transfer of these assets and I agree that the Truste or Custodian shall in no way be held responsible.			
(IRA Holder)	(Date)	Medallion Signature Guarantee	