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			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 Instruction (Name of Deceased)			or Liquidate and Transfer (select one option below): All Partial \$ or% Other – Attached are additional transfer instructions Name of Asset to be liquidated:	
	INVESTMENT INSTRUCTIONS				
	New Account (application attached) Existing Account (list number below)				
	STOCK FUNDS	Invest the Assets in the following manner: STOCK FUNDS		Please make a check payable as follows:	
	Ave Maria Growth Fund – AVEGX \$ or%		AVE MARIA MUTUAL FUNDS		
		Ave Maria Rising Dividend Fund – AVEDX \$ or%		FBO <shareholder name=""> SIMPLE IRA Account #</shareholder>	
	Ave Maria Value Fund – AVEMX \$ or%		PO Box 46707		
	Ave Maria World Equity		or%	Cincinna	ati, OH 45246
	Ave Maria Growth Focused Fund – AVEAX \$ or% (formerly the Ave Maria Focused Fund)		BENEFICIARY TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)		
	Ave Maria Value Focused (formerly the Schwartz Value		or%	I authorize the Trustee or Custodian nat	ned above to
	BOND & CASH FUNDS		Distribute my RMD to me prior to transferring the IRA assets		
	Ave Maria Bond Fund – A	WEFX \$	or%	Segregate and retain my RMD an	
	Ave Maria Money Market	Account – GOAXX \$	or% Total 100%	Include the amount that represent	s my KWD in the transfer

SIGNATURE OF IRA HOLDER	ACCEPTING IRA TRUSTEE OR CUSTODIAN	
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.	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 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.	(Authorized Signature of New Trustee or Custodian) (Date)	
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,	Please contact your resigning trustee/custodian as they may require a member of the medallion program to guarantee your signature.	
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)	Medallion Signature Guarantee	

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