PO Box 46707 Cincinnati, OH 45246 (888) 726-9331

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		Account Number nsferring IRA)	Trustee's or Custodian's Phone Numbe	
			,	<u> </u>		
TRANSFER ACCOUNT TYPE			TRANSFER INSTRUCTIONS			
Type of Account to Transfer (please include a copy of a recent statement from your				☐ In-Kind Transfer of shares of the Ave Maria Mutual Funds (Do not liquidate)		
current custodian): Traditional IRA SEP IRA SIMPLE IRA				or		
				Liquidate and Transfer (select one option below): All		
Rollover IRA Beneficiary IRA (Name of Deceased)			Partial \$ or%			
INVESTMENT INSTRUCTIONS				Other – Attached are additional transfer instructions		
New Account (application attached) Existing Account (list number below)				Name of Asset to be liquidated:		
Invest the Assets in the following manner:				Please make a check payable as follows:		
Ave Maria Value Fund (AVEMX) \$ or%				AVE MARIA MUTUAL FUNDS		
Ave Maria Growth Fund (AVEGX) \$ or%			FBO <shareholder name=""> IRA Account #</shareholder>			
Ave Maria Rising Dividend Fund (AVEDX) \$ or%			PO Box 46707 Cincinnati, OH 45246			
Ave Maria World Equity Fund (AVEWX) \$ or%			BENEFICIARY TRANSFER INSTRUCTIONS FOR			
Ave Maria Focused Fund (AVEAX) \$ or%			REQUIRED MINIMUM DISTRIBUTION (RMD)			
Ave Maria Bond Fund (A	VEFX) \$	or%	I authorize the Trustee or Custodian named above to Distribute my RMD to me prior to transferring the IRA assets			
Ave Maria Money Market Account \$ or%			Segregate and retain my RMD amount Include the amount that represents my RMD in the transfer			
		Total 100%		•	•	
SIGNATURE OF IRA HOLDER				ACCEPTING	IRA TRUSTEE OR CUSTODIAN	
I hereby appoint First National Bank of Omaha, N.A. to serve as Custodian in accordan terms and conditions of this document and hereby acknowledge that I have read the Statement contained herein and understand that the account is subject to an annual fe 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 legal capacity to purchase shares of the Fund(s) and affirm that I have receive 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 the information provided by me is correct and may be relied upon by the Trustee or Custo				n. 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 forth by tax laws, related regulations and plan agreements. I assume responsibility consequences or penalties that may apply to the transfer of these assets and I agree that or Custodian shall in no way be held responsible.						
ПВА П	older)	(Date)				
(IRA Holder) (Date)			ı Meda	allion Signature Guarantee		