

Non-Retirement Asset Transfer

For assistance in completing this form please call **1-866-AVE-MARIA**

- Use this form to transfer assets to an Ave Maria Mutual Funds account with Individual or Joint Registration
- If establishing a new account, please attach a completed Ave Maria Mutual Funds application form
- Do not use this form to transfer Tax Qualified Retirement Plans

1 REMITTING INSTITUTION ACCOUNT INFORMATION

Current Bank/Current Remitting Institution _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

2 ACCOUNT OWNER'S REGISTRATION

Name _____ Birthdate _____

Joint Owner's Name (if applicable) _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Account Number at Current Institution _____ Social Security # _____

Daytime Phone Number _____

3 REDEMPTION INSTRUCTIONS

A. Payment Amount (Select One)

- Entire balance
- Portion of balance \$ _____

B. Payment Schedule & Investments (Select One)

- Immediately liquidate all investments and send cash proceeds
- Liquidate the investments as identified below
- In-Kind transfer of shares – DO NOT LIQUIDATE (Ave Maria Mutual Funds shares only)

C. Delivery Instructions

Transferee Account Number _____

Please make check payable to **Ave Maria Mutual Funds** (Investor Name & Account Number)

Account Number or Investment	Dollar Amount or Number of Shares	Transaction Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are redeeming a mutual fund, please include a copy of your account statement.
 Penalties and market fluctuation may affect the distribution amount.

4 FINANCIAL REPRESENTATIVE (If Applicable)

Name of Firm _____

Branch Address _____ City _____ State _____ Zip _____

Firm Number _____ Branch Number _____

Rep. Name _____ Rep. Number _____ Rep. Phone _____

5 TRANSFER INSTRUCTIONS

Ave Maria Mutual Funds agrees to accept the funds specified in **Section 3 – Redemption Instructions** and open an account for the investor named herein.

FBO/Account Owner's Name _____ Social Security or Account # _____

A. Invest as follows:

STOCK FUNDS

- Ave Maria Growth Fund – AVEGX** _____ %
- Ave Maria Rising Dividend Fund – AVEDX** _____ %
- Ave Maria Value Fund – AVEMX** _____ %
- Ave Maria World Equity Fund – AVEWX** _____ %
-
- Ave Maria Growth Focused Fund – AVEAX** _____ %
(formerly the Ave Maria Focused Fund)
- Ave Maria Value Focused Fund – AVERX** _____ %
(formerly the Schwartz Value Focused Fund)

BOND & CASH FUNDS

- Ave Maria Bond Fund – AVEFX** _____ %
- Ave Maria Money Market Account – GOAXX** _____ %

B. Account Options (Select One)

- Please open a new Ave Maria Mutual Funds investment account. I have attached the appropriate application documents to this form.
- Please deposit proceeds to an existing Ave Maria Mutual Funds account:

Existing Ave Maria Mutual Funds Account Number _____

6 SIGNATURES

Please sign below exactly as your name(s) appear on the account you are Redeeming/Transferring from. All account owners must sign.

Signature of Account Owner _____ Date _____

Signature of Joint Account Owner (If Applicable) _____ Date _____

Signature Guarantee (If Applicable)

For your protection, a signature guarantee may be required by the institution currently holding your investment. A signature guarantee may be supplied by a commercial bank, trust company, federal savings bank, savings and loan association or member of a national securities exchange or other eligible financial institution. Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

Signature Guaranteed By _____ Name of Bank or Firm _____

Signature of Officer Title _____

Medallion Signature Guarantee

Medallion Signature Guarantee

Send completed form to:

Mail
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246-0707

Overnight Deliveries
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
877-513-0756