



Ave Maria Mutual Funds

Traditional/SEP 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): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Beneficiary IRA _____ <small>(Name of Deceased)</small>	<input type="checkbox"/> In-Kind Transfer of shares of the Ave Maria Mutual Funds (Do not liquidate) or <input type="checkbox"/> Liquidate and Transfer (select one option below): <input type="checkbox"/> All <input type="checkbox"/> Partial \$ _____ or _____ % <input type="checkbox"/> Other – Attached are additional transfer instructions
INVESTMENT INSTRUCTIONS	Name of Asset to be liquidated: _____ Please make a check payable as follows: AVE MARIA MUTUAL FUNDS FBO <Shareholder Name> IRA Account # _____ PO Box 46707 Cincinnati, OH 45246
<input type="checkbox"/> New Account (application attached) <input type="checkbox"/> Existing Account (list number below) _____ Invest the Assets in the following manner: STOCK FUNDS <input type="checkbox"/> Ave Maria Growth Fund – AVEGX \$ _____ or _____ % <input type="checkbox"/> Ave Maria Rising Dividend Fund – AVEDX \$ _____ or _____ % <input type="checkbox"/> Ave Maria Value Fund – AVEWX \$ _____ or _____ % <input type="checkbox"/> Ave Maria World Equity Fund – AVEWX \$ _____ or _____ % <input type="checkbox"/> Ave Maria Growth Focused Fund – AVEAX \$ _____ or _____ % <i>(formerly the Ave Maria Focused Fund)</i> <input type="checkbox"/> Ave Maria Value Focused Fund – AVERX \$ _____ or _____ % <i>(formerly the Schwartz Value Focused Fund)</i> BOND & CASH FUNDS <input type="checkbox"/> Ave Maria Bond Fund – AVEFX \$ _____ or _____ % <input type="checkbox"/> Ave Maria Money Market Account – GOAXX \$ _____ or _____ % Total 100%	
BENEFICIARY TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)	
I authorize the Trustee or Custodian named above to <input type="checkbox"/> Distribute my RMD to me prior to transferring the IRA assets <input type="checkbox"/> Segregate and retain my RMD amount <input type="checkbox"/> Include the amount that represents my RMD in the transfer	

C

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