



Account Redemption

For assistance in completing this form please call **1-888-726-9331**

1 ACCOUNT INFORMATION

Account Number(s) _____

Account Owner's Name _____ Joint Owner Name (If Applicable) _____

Social Security # _____ Birthdate _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

2 DISTRIBUTION INSTRUCTIONS (Select One)

A check will be sent to the address of record unless other instructions are provided in **Special Instructions** below. Alternate instructions may require a **Medallion Signature Guarantee** stamp.

TOTAL DISTRIBUTION
Liquidate the account(s) indicated above

PARTIAL DISTRIBUTION – One Time Only
Distribute \$

Special Instructions

3 FEDERAL TAX WITHHOLDING (Retirement Accounts Only)

If you do not designate an amount, 10% will be withheld

Do not withhold taxes **Withhold** % **or** \$

4 SIGNATURE

By signing below, I hereby release the Custodian, fund advisor, Ultimus Fund Solutions LLC, and their successors and assigns and their respective officers, employees, agents, and affiliates from any and all liability in the performance of the acts instructed herein.

Account Owner _____ Date _____

Joint Owner (If Applicable) _____ Date _____

5 SIGNATURE GUARANTEE (If Required)

A signature guarantee is required when redemption proceeds are being directed to an address other than that on file with the fund. For other signature guarantee requirements, see the **Fund Prospectus** for details.

Affix Signature Guarantee Here

Mail completed form to: **Ave Maria Mutual Funds
c/o Shareholder Services
P.O. Box 46707
Cincinnati, OH 45246-0707**