



## Individual Retirement Account (IRA) New Account Agreement

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

The **IRA New Account Agreement** is used to establish your mutual fund IRA.

To move funds from another plan, complete and return one of the enclosed forms with this New Account Agreement.

- I am enclosing an IRA Request for Transfer Form to move funds from another financial institution.
- I am enclosing a Request for Direct Rollover Form to move funds from an Employer's Qualified Retirement Plan or 403(b)

**Please note that a \$15.00 annual maintenance/custodian fee will be charged for each type of IRA account.**

**If you have any questions regarding this application, please call Shareholder Services at 1-888-933-8274.**

\*DENOTES REQUIRED INFORMATION

DENOTES CHECK IF APPLICABLE

### PART 1. INVESTOR INFORMATION

|   |                      |                         |                      |
|---|----------------------|-------------------------|----------------------|
| <input type="text"/>                      | <input type="text"/> | <input type="text"/>    |                      |
| Owner Name* (First M.I. Last)             | Date of Birth*       | Social Security Number* |                      |
| <input type="text"/>                      | <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| Street Address* (Physical Address)        | Apt. #               | City*                   | State* Zip Code*     |
| <input type="text"/>                      | <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| Mailing Address (if different from above) | City                 | State                   | Zip Code             |
|   | <input type="text"/> | <input type="text"/>    |                      |
|   | Daytime Phone*       | Evening Phone*          |                      |

### PART 2. ACCOUNT INFORMATION

#### A. Choose IRA Type Below:

- Regular/Spousal IRA Account     Rollover IRA     Roth IRA     SEP-IRA     Beneficiary IRA
- Roth Conversion IRA – I intend to keep this contribution in a separate account as a Roth Conversion IRA  Yes  No

#### B. Type of Contribution

- Regular/Spousal IRA Account     Rollover from SIMPLE IRA     SEP IRA (Attach IRS Form 5305)
- Transfer from SIMPLE IRA     Rollover from IRA     Rollover from QP or TSA
- Transfer from IRA     Direct Rollover from QP or TSA     Transfer from Roth IRA
- Roth IRA     Conversion (Rollover from Traditional IRA)
- Conduit (Note: Select this option if you are moving assets from a qualified plan or TSA and do not want to commingle these with regular IRA contributions.)

For Roth IRA: 5-year Holding Period Starting: (specify date)

Note: To convert an IRA held by another financial institution, complete this New Account Agreement and a Request for Transfer Form

**PART 2. ACCOUNT INFORMATION (CONTINUED)**

**C. Transfer funds from another financial institution or Custodian:** (Check only one)

- Transfer of assets from another financial institution (Complete the Request for Transfer Form).
- Direct Rollover from a qualified plan or tax shelter (Complete the Request for Direct Rollover Form).
- Transfer in Kind – To change the Custodian on your existing IRA, provide the:

Fund Name

Account

**D. Other Payment Options:** (Check only one)

You can open your account by either of these methods. Please check your choice:

- By Check.** Enclose a check payable to Yorktown Funds for the total initial investment amount shown on the previous page.
- By Wire.** For wire instructions, call Shareholder Services at 1-888-933-8274
- Direct Transfer.** Funds will be transferred directly from another IRA, SEP-IRA, or retirement plan. If a direct transfer, please also complete and attach the IRA Transfer Request Form.

*(Third party checks, money orders, cashier checks, credit card checks, and cash are not acceptable.)*

**PART 3. YORKTOWN FUNDS MASTER ALLOCATION PORTFOLIO MODEL SELECTION**

**COMPLETE THIS SECTION ONLY IF YOU WISH TO ALLOCATE ASSETS TO ONE OR MORE OF Yorktown FUND'S MASTER ALLOCATION MODEL PORTFOLIOS**

- I elect to have my Yorktown Funds allocated according the following Yorktown Model (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

**Choose Only One Master Allocation Model**

- All Equity
- Growth
- Moderate
- Balanced
- Conservative
- Preservation

Each Master Allocation Model is an asset allocation model that can be customized, and is not an actual mutual fund. Each model is for general guidance only and does not constitute a recommendation or any advice for you or any investor. We recommend you obtain advice from an independent financial advisor before making investment decisions.

You should choose your own investments based on your particular objectives and situation. You may change how your account is invested at any time.

**Note:** Dividends and Capital Gains are automatically reinvested.

**Choose a Share Class:**  A  L  I

(Class A, Class L and Institutional Class shares are available for all Yorktown Funds)

**PART 4. CUSTOM PORTFOLIO ALLOCATIONS: YORKTOWN FUNDS OR YORKTOWN FUNDS**

**COMPLETE THIS SECTION ONLY IF YOU WISH TO CREATE A CUSTOMIZED PORTFOLIO USING ONE OR MORE Yorktown FUNDS AND/OR YORKTOWN FUNDS**

You should choose your own investments based on your particular objectives and situation.

We recommend you obtain advice from an independent financial advisor before making investment decisions.

You may change how your account is invested at any time.

**Note:** Dividends and Capital Gains are automatically reinvested.

- I elect to allocate my initial and subsequent investments among the funds indicated below. (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

| <i>FUND</i>   | <i>Percent</i>                            |  |
|---|---|--|
| <input type="checkbox"/> Yorktown Short Term Bond Fund    | <input style="width: 50px;" type="text"/> | Choose a Share Class: <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> I |
| <input type="checkbox"/> Yorktown Multi-Asset Income Fund | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Yorktown Capital Income Fund     | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Yorktown Growth Fund             | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Yorktown Master Allocation Fund  | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Yorktown Small Cap Fund          | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Yorktown Mid Cap Fund            | <input style="width: 50px;" type="text"/> |  |
| <input type="checkbox"/> Money Market Account             | <input style="width: 50px;" type="text"/> |  |
| <b>Total Funds Must Equal 100%</b>                        | <input style="width: 50px;" type="text"/> |  |

**PART 5. PORTFOLIO REBALANCING**

The completion of this section is optional. Portfolio Selection (Part 3) must be completed to elect this feature.

**Note:** When rebalancing, you may incur a taxable event. Please check with your tax advisor.

By checking this box, I authorize Yorktown Funds and Portfolios to rebalance the Yorktown funds in my portfolio to match my original selection of funds.

Choose one: Quarterly  Semi-Annually  Annually

Day of Month:  15th  Last Business Day

**PART 6. REDUCED SALES CHARGE**

If you purchase Share Class A, you may be subject to Rights of Accumulation or Letter of Intent for reduced shares charge

Rights of Accumulation- I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.

Letter of Intent- To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

More than:  \$25,000  \$50,000  \$100,000  
 \$250,000  \$500,000  \$750,000  \$1,000,000

Listed on the line below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

**Note:** If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

**PART 7. BENEFICIARY INFORMATION**

When the Custodian receives proper instruction, you IRA assets will be distributed to the beneficiary you designate in this section. If the primary beneficiary does not survive you, your IRA assets will be distributed to the secondary beneficiary. In the event all beneficiaries are deceased, distribution is made to your estate. If you name more than one beneficiary in a class (primary or secondary), indicated percentage for each; the percentage must total 100%. All surviving beneficiaries within the class will share equally if you do not indicate percentages.

To name a Trust as your beneficiary, attach a copy of the trust Agreement to this form. Enter the name, date and Social Security or Tax Identification Number of the trust and address of the Trustee below. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested below and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Custodian.

*Note: If you live in a marital or community property state, and your spouse is not the sole primary beneficiary, your spouse must sign the consent in Part VII of this form.*

**PRIMARY BENEFICIARY** (Required)

Primary's Name\* (First M.I. Last)

Relationship to Owner\*

Street Address\* (Physical Address)

Apt. #

City\*

State\*

Zip Code\*

Date of Birth\*

Social Security Number\*

Date of Trust (if applicable)

Percentage

**PART 7. BENEFICIARY INFORMATION (CONTINUED)**

**SECONDARY BENEFICIARY (Required)**

|                                     |                         |                               |                      |
|-------------------------------------|-------------------------|-------------------------------|----------------------|
| <input type="text"/>                |                         | <input type="text"/>          |                      |
| Secondary's Name* (First M.I. Last) |                         | Relationship to Owner*        |                      |
| <input type="text"/>                | <input type="text"/>    | <input type="text"/>          | <input type="text"/> |
| Street Address* (Physical Address)  | Apt. #                  | City*                         | State* Zip Code*     |
| <input type="text"/>                | <input type="text"/>    | <input type="text"/>          | <input type="text"/> |
| Date of Birth*                      | Social Security Number* | Date of Trust (if applicable) | Percentage           |

**PART 8. AUTOMATIC INVESTMENT PROGRAM**

**The completion of this section is optional.**

Automatic Investment Program (AIP) allows regular additions to your account. Make monthly or quarterly automatic investments of at least \$50 to your IRA from any commercial bank, savings bank, or credit union that is an Automated Clearing House (ACH) member. You choose the amount to invest and the date of the transaction.

**Important:** Contributions made to your IRA using AIP will be for the current tax year. Keep this in mind for investments made from January 1 through April 15.

**FREQUENCY AND TIMING OF INVESTMENT TRANSACTIONS**

By checking this box, I authorize the fund(s) to withdraw money from my bank account and purchase shares for my IRA as follows. I understand this privilege will be effective after the verification process. If the date I choose falls on a weekend, my investment will occur the following business day. If I do not enter a date, the investments will initiate on the 15<sup>th</sup>.

MONTHLY       QUARTERLY      DAY OF MONTH:  15th       Last Business Day

SPECIFIC MONTHS (specify below)

January       March       May       July       September       November  
 February       April       June       August       October       December

**ALLOCATION OF INVESTMENT AMOUNTS**

Using the Information listed above please allocate investment amounts to my Fund account(s) as follows:

| <i>FUND</i>   | <i>Percent</i>       |  |
|---|----------------------|--|
| <input type="checkbox"/> Yorktown Short Term Bond Fund    | <input type="text"/> | Choose a Share Class: <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> I |
| <input type="checkbox"/> Yorktown Multi-Asset Income Fund | <input type="text"/> |  |
| <input type="checkbox"/> Yorktown Capital Income Fund     | <input type="text"/> |  |
| <input type="checkbox"/> Yorktown Growth Fund             | <input type="text"/> |  |
| <input type="checkbox"/> Yorktown Master Allocation Fund  | <input type="text"/> |  |
| <input type="checkbox"/> Yorktown Small Cap Fund          | <input type="text"/> |  |
| <input type="checkbox"/> Yorktown Mid Cap Fund            | <input type="text"/> |  |
| <input type="checkbox"/> Money Market Account             | <input type="text"/> |  |
| <b>Total Funds Must Equal 100%</b>                        | <input type="text"/> |  |

Using the Information listed above please allocate amounts to my Yorktown Portfolio as follows:

Portfolio       Amount

**Note: Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.**

**This option cannot be implemented unless you provide all of your bank account information AND attach a voided check or deposit slip where requested in Part 8**

**PART 9. BANK ACCOUNT INFORMATION**

**It is strongly recommended that all applicants complete this Part 8 at this time even if you are not establishing a Systematic Investment or Systematic Withdrawal Program.**

Applicants who do not complete Part 9 at this time and then apply to establish a Systematic Investment or Systematic Withdrawal Program at a future date, will be required to obtain a Medallion Signature Guarantee. A notary public cannot provide a Medallion Signature Guarantee.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

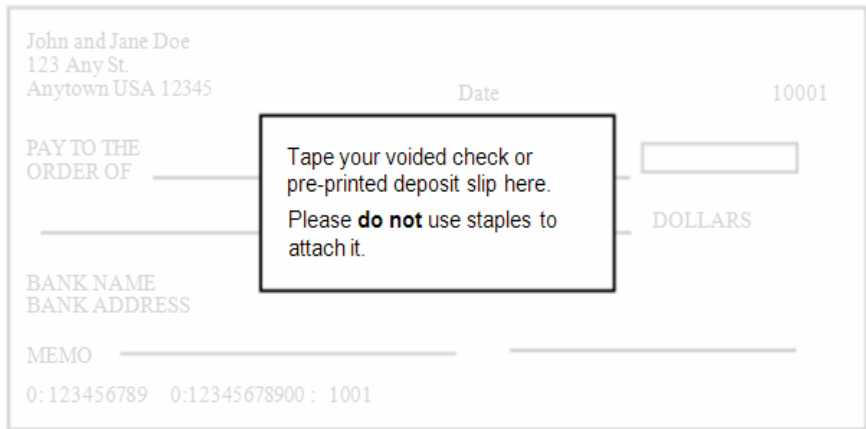
\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
ABA Number (if known)

\_\_\_\_\_  
Bank Account Number

Please attach one voided check or deposit ticket: Checking Savings



**PART 10. SYSTEMATIC WITHDRAWAL PROGRAM**

To establish a Systematic Withdrawal Program, please complete the IRA Request for Distribution form.

**PART 11. SIGNATURE**

**Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)**

By signing this IRA *New Account Agreement Application*, I certify that the information I have provided is true, correct, and complete, and Unified Financial Securities, Inc (the Custodian) may rely on what I have provided. In addition, I have read and received copies of the IRA New Account Agreement Application, IRS Form 5305-A, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Traditional IRA transactions I conduct and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

X \_\_\_\_\_  
Investor's Signature

\_\_\_\_\_  
Date

**PART 12. SPOUSAL CONSENT**

If you are married and a resident of a community property or marital property state, you need your spouse's consent to designate a beneficiary other than your spouse. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The following spousal consent is provided as an accommodation; the Custodian is not responsible for determining its necessity or validity.

(Community property states: AZ, CA, ID, LA, NV, MN, TX, WA, WI)

I am the spouse of the Depositor identified above. I consent to my spouse's beneficiary designation as set forth in Part IV of this form. I hereby transfer to my spouse and waive all of my right, title and interest in and to the funds and property held in the IRA established under this New Account Form. I understand that I will receive nothing from my spouse's (the Investor's) IRA upon the death of my spouse and that the person or persons designated as primary beneficiary or secondary beneficiary will receive the amounts in the IRA. I understand the legal, economic, and tax consequences of this consent and transfer and have been informed of the nature and extent of my spouse's property, estate and obligations. I have been advised to seek professional advice to the extent needed to provide a fully informed and voluntarily consent, transfer and waiver, and hereby knowledge that this consent and transfer is voluntary. (SIGNATURE NEXT PAGE)

X

Signature of Spouse

Date

X

Notary Signature

Date

**PART 13. DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name

Street Address

City

State

Zip Code

**FOR FINANCIAL ADVISOR USE ONLY**

Financial Institution/Broker Dealer Name

Representative's Full Name

Street Address

City

State

Zip Code

Mailing Address (if different from above)

Representative's Branch Office Telephone Number

Dealer Number

Branch Number

Representative Number

X

Representative's Signature

X

Supervisor's Signature

I authorize the waiver of the advanced commission payment.

I am an employee of the above financial institution.

## MAILING INSTRUCTIONS

Please mail completed application to:

### **Regular Mail Delivery**

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
P.O. Box 46707  
Cincinnati, OH 45246-0707

### **Overnight Courier**

Yorktown Funds  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246