



Individual Retirement Account (IRA) Request for Direct Rollover

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.

IRA Direct Rollover Request Form is used to facilitate the direct rollover of assets between a tax-qualified plan and a Traditional or Roth IRA. This form *should not* be used to facilitate a rollover or direct transfer of assets between IRAs.

To request a Direct Rollover from your employer's qualified retirement plan or 403(b) plan to an IRA, complete a New Account Agreement and this Request for Direct Rollover Form. We will establish your IRA and send a letter of acceptance to the employer or current trustee of your retirement plan to complete the direct rollover.

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's 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. CURRENT TRUSTEE/EMPLOYER INFORMATION FOR YOUR QUALIFIED RETIREMENT PLAN

<input type="text"/>	<input type="text"/>
Trustee of Employer Name*	Name of Plan
<input type="text"/>	<input type="text"/>
Street Address or Box Number (Include Suite Number)	Account Number (if known)
<input type="text"/>	<input type="text"/>
City	State*
<input type="text"/>	Zip Code*
<input type="text"/>	<input type="text"/>
Name of Participant	Trustee or Employer Phone Number

PLEASE ATTACH A STATEMENT FOR THE IRA YOU ARE TRANSFERRING

PART 3. INITIAL OR SUBSEQUENT INVESTMENT ALLOCATION

The completion of this section is **REQUIRED**

This is a new account. Attached is a completed IRA New Account Agreement with instructions for my initial investment.

OR

I am currently a Yorktown Funds Model Portfolio shareholder. My Account Number:

Please use the proceeds of this transfer to purchase shares using my **existing** Master Portfolio Model allocation.

OR

I am currently a Yorktown Funds shareholder. My Account Number:

Please use the proceeds of this rollover to purchase shares as indicated below

FUND	Percent
<input type="checkbox"/> Yorktown Short Term Bond Fund	<input type="text"/>
<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"/>
Total Funds Must Equal 100%	<input type="text"/>

PART 4. TRANSFER INSTRUCTION TO INSTITUTION CURRENTLY HOLDING YOUR IRA

Check one:

Rollover entire balance

Rollover only: \$

Note: If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days, before the maturity date.

PART 5. PARTICIPANT'S SIGNATURE

To the Current Trustee or Employer:

I have appointed Unified Financial Securities as the Custodian of my IRA and authorize you to forward the proceeds of my retirement plan to Yorktown Funds, c/o Ultimus Fund Solutions, LLC, P.O. Box 46707, Cincinnati, OH 45246-0707

Please send any documents or records needed by the new Custodian to complete the rollover.

Investor's Signature

Date

PART 6. SIGNATURE GUARANTEE

A signature guarantee may be required by your current financial institution to complete this transaction; it is designed to protect your account from fraud.

If needed you may obtain a signature guarantee from:

- Bank or trust company
- Savings association
- Credit union
- Broker, dealer, or securities exchange member

Note: Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

Signature Guarantee

PART 7. CUSTODIAN ACCEPTANCE – TO BE COMPLETED BY THE NEW CUSTODIAN

Unified Financial Securities accepts appointment as Custodian and the transfer described in this form. Please transfer all or part of the designated account(s) as instructed. Make the check payable to Yorktown Trust and mail to of the addresses below. Make the check payable to Yorktown Trust.

X

Custodian's Signature

X

Date

Title

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