



Non-Retirement Account Transfer Request Form

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 Transfer Request Form is used to facilitate the transfer of assets between two regular non-retirement accounts. This form should not be used to facilitate an IRA account transfer or a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA.

Note: Please complete a New Account Agreement if you do not already have an account established.

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. OWNER 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* | |

| | | | |
|---|----------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Co-Owners 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"/> | |
| Co-Owners 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"/> | |
| | Daytime Phone* | Evening Phone* | |

PART 2. CURRENT TRUSTEE, CUSTODIAN OR ISSUER

Name of Current Trustee/Custodian/Issuer*

Current Account/Plan Number/Fund Name*

P.O. Box*

Suite #

City*

State*

Zip Code*

Name of Contact*

Contact Phone Number*

- Type of Account: Individual Joint UGMA/UTMA Corporate
 Mutual Fund Securities Money Market Trust
 CD (Immediately/At Maturity)

Note: If you wish to have paperwork sent overnight, please provide the physical street address.

PART 3. TRANSFER INSTRUCTIONS

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 | Choose a Share Class: | <input type="checkbox"/> A | <input type="checkbox"/> L | <input type="checkbox"/> I |
|---|----------------------|------------------------------|----------------------------|----------------------------|----------------------------|
| <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. LIQUIDATION/TRANSFER INSTRUCTIONS

I authorize and direct the current Trustee, Custodian, or Issuer to liquidate/transfer assets as follows.

Check One:

- Transfer entire balance Liquidate immediately Transfer only: \$
- Transfer in Kind
- Liquidate at Maturity Date:

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.

If you choose to wire-transfer your funds, contact Shareholder Services for instructions.

Make check payable as follows: **Yorktown Funds: FBO (Investor's Name)**

Please mail check 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

PART 5. INVESTOR SIGNATURE

By signing this *Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer my assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

X

Owner's Signature

X

Date

X

Owner's Signature

X

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

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