



Simple 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 **Simple IRA New Account Agreement Application** is used to establish your Simple IRA Account.

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

- I am enclosing a Simple IRA Account Request for Transfer Form to move funds from another financial institution.
- I am enclosing a Request for Direct IRA 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

DEPOSITOR INFORMATION

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

EMPLOYER INFORMATION

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

PART 2. CONTRIBUTION TYPE

Choose one:

	Year	Amount of Initial Contribution
<input type="checkbox"/> Initial Employer Deferral for	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Initial Employer Match for	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Initial Employer Non-elective for	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Rollover from another Simple IRA:		\$ <input type="text"/>
<input type="checkbox"/> Transfer from another Simple IRA custodian or trustee:		\$ <input type="text"/>

PART 3. SALARY REDUCTION ELECTION

I understand that this election will remain in effect until changed by me by completing a new 'New Account Form' and filing it with my employer. I further understand that I can change my election effective as of the beginning of any payroll period by completing a new 'New Account Agreement' at least five (5) days prior to the effective date of the change.

A. Initial Election. I want to have \$ (insert whole dollar amount) or % (insert whole percentage) withheld from my compensation each pay period.

A. Change to Previous Election. I want to have \$ (insert whole dollar amount) or % (insert whole percentage) withheld from my compensation each pay period.

PART 4. YORKTOWN FUNDS MASTER ALLOCATION PORTFOLIO MODEL SELECTION

COMPLETE ONLY TO ALLOCATE ASSETS TO ONE OR MORE 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 5. CUSTOM PORTFOLIO ALLOCATIONS: YORKTOWN FUNDS

COMPLETE ONLY TO CREATE A CUSTOMIZED PORTFOLIO USING ONE OR MORE 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.):

FUND	Percent	
<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"/>	
Total Funds Must Equal 100%	<input type="text"/>	

PART 6. 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), indicate d 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 8 of this form.

PRIMARY BENEFICIARY (Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary'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*	

SECONDARY BENEFICIARY (Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary'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*	

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 7. SIGNATURE

(Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this *SIMPLE 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 SIMPLE IRA New Account Agreement Application, **the applicable IRS Form 5305**, and the Financial Disclosure, including the applicable fee schedule, for the type of SIMPLE IRA I am opening as indicated above. I agree to be bound to their terms and conditions. I understand that I am responsible for the SIMPLE IRA transaction 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 "carry-back" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Investor's Signature

Date

PART 8. 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 of Spouse

Date

Notary Signature

Date

FOR DEALER USE ONLY

Financial Institutions Name

Representative's Full Name

Street Address

City

State

Zip Code

Representative's Branch Office Telephone Number

Dealer Number

Branch Number

Representative Number

Representative's Signature

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