



Simple Individual Retirement Account (IRA) Request for Transfer

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 Account Request for Transfer form** is used to facilitate the transfer of assets between two Simple IRA Accounts.

Note: Please complete a Simple IRA New Account Agreement if you do not already have an account established with Yorktown Funds. We will establish your Simple IRA Account and send a letter of acceptance to the financial institution currently holding your IRA to complete the transfer.

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. INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING

<input type="text"/>			
Firm Currently Holding Your IRA			
<input type="text"/>	<input type="text"/>		
Name on Account	Account Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (include Suite Number)	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>		
Name of Contact	Contact's 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	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. INSTRUCTION TO THE INSTITUTION CURRENTLY HOLDING YOUR IRA

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.

PART 5. WITHHOLDING INSTRUCTIONS FOR ROTH CONVERSION IRA

When converting all or a portion of your IRA to a Roth conversion IRA, the conversion amount is a taxable distribution. IRS regulations require the financial institution currently holding your IRA to withhold federal income tax from the amount you convert unless you do not want withholding to occur. The minimum withholding rate is 10%. Indicate your withholding election below:

Withhold 10% Do Not Withhold Withhold %

IRS Reporting: For IRS reporting purposes, I am (check one): Less than 59 ½ Age 59 ½ or older

PART 6. INVESTOR SIGNATURE

I certify that I have established an IRA with Unified Financial Securities, LLC. I agree to contact my present Custodian/Trustee that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold Unified Financial Securities, Inc. harmless against and all situations arising from an ineligible transfer or direct rollover. I acknowledge that Unified Financial Security, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

X

Investor's Signature

X

Date

PART 7. 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 8. 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.

X

Custodian's Signature

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