



Transfer on Death (TOD) Registration 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.

Transfer on Death Registration Form is used to name a beneficiary on your 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. REGISTRATION DATA

<input type="text"/>	<input type="checkbox"/> New Account	<input type="checkbox"/> Existing Account	
Account Number (if known)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>			
Name (if JTWR0S or TEN ENT) *			
<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. BENEFICIARY DESIGNATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Beneficiary'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"/>	Beneficiary Percentage Designation		
%			

PART 2. BENEFICIARY DESIGNATION (CONTINUED)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Beneficiary'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"/> % Beneficiary Percentage Designation			

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contingent Beneficiary'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"/> % Beneficiary Percentage Designation			

*Contingent Beneficiary only applies is Primary Beneficiaries are deceased.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contingent Beneficiary'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"/> % Beneficiary Percentage Designation			

*Contingent Beneficiary only applies is Primary Beneficiaries are deceased

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contigent Beneficiary'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"/> % Beneficiary Percentage Designation			

*Contingent Beneficiary only applies is Primary Beneficiaries are deceased.

The undersigned, residents of the state indicated above, have read and understand and agree to be bound by the attached Guidelines for TOD Registration and hereby instruct Yorktown Funds and it's transfer agent to register the accounts listed above, in transfer on death form, subject to the TOD regulations of the Securities Transfer Association as now or hereinafter in effect, for the benefit of the beneficiary designated above. Each of the undersigned hereby agrees to indemnify Yorktown Funds and it's transfer agent against any loss, claim, or expense (including reasonable attorney's fees) to the extent that any transfer on death effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective for any reason, and Yorktown Funds and/or it's transfer agent will be entitled to attach or debit the account of the TOD beneficiary to the extent necessary to enforce their rights to this indemnity.

Note: The signatures of the account owners must be guaranteed by a financial institution of the type described in the Fund prospectus if changing the registration of an existing account.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of Owner	Date	Signature of Owner	Date

PART 2. BENEFICIARY DESIGNATION (CONTINUED)

Spousal Waiver (For accounts established individually by an owner who is married)

The undersigned spouse of the above-designated account owner hereby consents to the terms and conditions of these instructions

X

Spouse's Signature

X

Date

GUIDELINES FOR TRANSFER OF DEATH (TOD) REGISTRATION

Eligible Owners

The Transfer on Death (TOD) registration format can only be used for (1) sole owner accounts for natural persons, and (2) natural persons holding the shares as joint owners with rights of survivorship (i.e., JT WROS or TEN ENT). TOD registration is not available for nonnatural persons (e.g., corporations, trusts, associations), tenants in common or community property registrations.

Eligible Beneficiaries

The beneficiary on a TOD registration can be a natural person or other entity such as a trust, corporation or guardianship. If more than one beneficiary is designated on the TOD account, upon the death of the last surviving account owner(s) the surviving beneficiaries will be considered to own a proportionate share of the account. Custodians under The Uniform Transfers to Minors Act are permitted beneficiaries in a TOD registration. Custodians under the Uniform Gifts to Minors Act are not permitted beneficiaries in a TOD registration (because the UGMA only applies to gifts made during the lifetime of the account owner). No designation such as Lineal Descendants or Lineal Descendants Per Stirpes are permitted. Until the account owner(s) dies, the named beneficiary has no rights in the shares in the TOD account and no instructions can be accepted from, or information provided to, such beneficiary. If the beneficiary fails to survive the account owner, the account will be treated as belonging to the owner's estate. If the beneficiary survives the owner but is not alive at the time the shares are presented for transfer, the shares become part of the beneficiary's estate.

Transfer and Revocation During Life of Owner(s)

The owner(s) of the account may change or revoke the TOD registration with clear written instructions to Yorktown Trust, c/o Unified Fund Services, Inc., P.O. Box 6110, Indianapolis, IN 46206-6110. If there are outstanding share certificates for the TOD account, the certificate must be properly endorsed by the surviving owner(s) with their signatures guaranteed by a financial institution of the type described in the Fund prospectus. In addition, the surviving owner(s) must provide the Fund and its transfer agent with evidence of the death of the deceased co-owner (certified death certificate) and inheritance tax waivers and/or affidavits of domicile of the deceased co-owner, if applicable.

Neither the Fund or its transfer agent are responsible for determining the tax and legal consequences to you concerning your decision to register your fund shares in TOD form. Neither the Fund or its transfer agent shall be responsible to a designated TOD beneficiary for dividends or distributions in respect of share registered in TOD form paid after the owner's death but before the transfer of such shares to the designated beneficiary.

Future changes in These Guidelines. These guidelines are subject to change by Yorktown Trust and its transfer agent in response to changes in TOD statutes as adopted in several states and in the Securities Transfer Association's TOD Rules.

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