



Coverdell Education Savings Account 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 **Coverdell Education Savings Account Request for Transfer form** is used to facilitate the transfer of assets between two Coverdell Education Savings Accounts.

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

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"/> Minor's Name* (First M.I. Last)	<input type="text"/> Date of Birth*	<input type="text"/> Social Security Number*	
<input type="text"/> Authorized Person's Name* (First M.I. Last)	<input type="text"/> Date of Birth*	<input type="text"/> Social Security Number*	
<input type="text"/> Authorized Person's Street 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. INFORMATION ABOUT THE ACCOUNT YOU ARE TRANSFERRING

Firm Currently Holding the Account

Name on Account <input type="text"/>	Account Number <input type="text"/>
Street Address* (include Suite Number) <input type="text"/>	City* State* Zip Code* <input type="text"/> <input type="text"/> <input type="text"/>
Name of Contact <input type="text"/>	Contact Phone Number <input type="text"/>

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

<i>FUND</i>	<i>Percent</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. AUTHORIZED PERSON'S SIGNATURE

To the Financial Institution Currently Holding My Account:

I certify that I have established a Coverdell Education Savings Account with Unified Financial Securities, LLC. by the completion of a Coverdell Education Savings Account Adoption Agreement. 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 any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Unified Financial Securities, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

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. TELEPHONE TRANSACTION PRIVILEGES

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 Funds 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