# Non-Retirement Transfer Form



\*This **Transfer Request Form** is used to facilitate the transfer of assets between two regular non-retirement accounts. This form <u>should not</u> 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. If you have any questions regarding this form, please call Shareholder Services at 1-888-711-2837. Note: Please complete a New Account Agreement if you do not already have an account established.

## PART I: OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		
Co-Owner's Name* (First, M.I., Last)		Date of Birth* Social Security Number*		ty Number*
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		
o-Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

PART II: CURRENT ACCOUNT INFORMATION							
Name of Current Institution*		Current Account/Plan Number/Fund Name*					
P. O. Box*	Suite #	City*	State*	Zip Code*			
Name of Contact*		Contact's Phone	Number*				
Owners Account Name		Joint Account Na	me				
*Note: If you wish to have paperwork sent ov	ernight, please prov	vide the physical stree	t address.				
PART III: TRANSFER INSTRUCTIONS							
This is a new account; a completed New	Account Agreemen	t is attached.					
The proceeds of this transfer will purchas	_		d below.				
A N I	•	_					
Account Number							
Transfer Allocation							
List the percentage that will be transferred using	ng whole percentag	es, the total must add	up to 100%.				
Name of Investment	1	Percentage					
1. Auer Growth Fund		%					
PART IV: LIQUIDATION INSTRUCTION	ONS						
I authorize and direct the current institution to		follows (select one).					
	-						
Immediately liquidate all assets and send	the cash proceeds t	o the new Account ide	entified below.				
Partially liquidate \$ Attach additional written liquidation instr			eeds to the new account iden	tified below. (Note to Owner:			
Transfer-in-kind							
Other (describe):							
*Note: If you are transferring a Certificate of	Deposit (CD), mail	this form at least 14 of	days, but not more than 21 days	ays before the maturity date.			
Please send proceeds by check:							
Make check payable as follows: Auer Growth	Fund: FBO	(Investor's Name)					
I	Regular Mail Deliv Auer Growth Fund P.O. Box 46707 Cincinnati, OH 452		Overnight Deliv Auer Growth Fu 225 Pictoria Dr, Cincinnati, OH	nd Suite 450			

### PART V: ACKNOWLEDGEMENTS

By signing this *Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current institution 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 resigning and accepting institution 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 resigning or accepting institution.

Signature of Owner (or other authorized person): X	Date:
Signature of Co-Owner (or other authorized person): X	Date:

### PART VI: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. \*\*Please contact your present institution to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.

The following institutions are acceptable signature guarantors:

- · Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

\*Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

### MAILING INSTRUCTIONS

Please send completed form to: Regular M

Regular Mail Delivery
Auer Growth Fund
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Auer Growth Fund
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246