

Non-Retirement Transfer Form



This **Transfer Request Form is used to facilitate the transfer of assets between two regular non-retirement accounts. This form should not 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* _____

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* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

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.



MAILING INSTRUCTIONS

Please send completed form to:

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