

FALLEN ANGELS FUNDS

IRA TRANSFER REQUEST

Use this form when transferring your IRA directly to a Fallen Angels Fund account from another institution. *Please attach a recent copy of your current IRA account statement.* Note: If this is a new account, an IRA Account Application must also be completed. PLEASE PRINT. Call us toll free with any questions: (866) 663-8023. When complete, mail this form to:

Fallen Angels Funds
C/O Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

1. Your Information

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
BUS PHN() _____ HM PHN() _____

2. Where to Invest your IRA

NEW ACCOUNT : APPLICATION ATTACHED
 MY EXISTING FALLEN ANGELS FUNDS IRA ACCOUNT:
ACCOUNT # _____

3. Name & Address of Present Custodian/Trustee

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

4. Account to be Transferred

ACCOUNT NUMBER _____
ACCOUNT TITLE _____

5. Authorization of Transfer

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING IRA, PLEASE LIQUIDATE AND TRANSFER THE FOLLOWING:

- \$ _____ OR
 THE ENTIRE BALANCE

SIGNATURE _____
DATE _____/_____/_____

IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:

OFFICER SIGNATURE _____
TITLE OF OFFICER _____
BANK/FIRM _____

TO BE COMPLETED BY U.S. BANK N.A., CUSTODIAN FOR THE FALLEN ANGELS FUNDS ACCEPTANCE OF APPOINTMENT

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Fallen Angels Funds. To ensure proper crediting, please return the check made payable to:

Fallen Angels Funds FBO _____

MAIL TO:
FALLEN ANGELS FUNDS
C/O MUTUAL SHAREHOLDER SERVICES
8000 TOWN CENTRE ROAD, SUITE 400
BROADVIEW HEIGHTS, OH 44147

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

CUSTODIAN SIGNATURE _____ DATE _____