

# FALLEN ANGELS FUNDS TRANSFER REQUEST

Use this form when transferring assets directly to AMM FUNDS (Fallen Angels Value Fund and Fallen Angels Income Fund) account from another institution. A recent copy of your current account statement would be appreciated. A Regular Account application must also be completed if this is a new account. DO NOT use this form for IRA transfers, distributions or conversions of any kind. Please call us toll free at 866.663.8023 with any questions. When complete, mail this form to

AMM FUNDS  
C/O MUTUAL SHAREHOLDER SERVICES  
8000 TOWN CENTRE DRIVE, SUITE 400

## YOUR NAME

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
BUSINESS PHONE ( ) \_\_\_\_\_ HOME( ) \_\_\_\_\_

## NAME AND ADDRESS OF PRESENT CUSTODIAN

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
ACCOUNT DESCRIPTION (FUND NAME, CD, ETC) \_\_\_\_\_  
\_\_\_\_\_

## WHERE TO INVEST YOUR ASSETS

- I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.
- PLEASE DEPOSIT IN MY EXISTING ACCOUNT:
- VALUE FUND ACCOUNT# \_\_\_\_\_  
INCOME FUND ACCOUNT# \_\_\_\_\_

## AUTHORIZATION FOR TRANSFER

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING ACCOUNT:

PLEASE LIQUIDATE AND TRANSFER:

- \$ \_\_\_\_\_ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR  UPON MATURITY

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## Letter of Acceptance

To the Prior Custodian, please be advised that AMM Funds c/o Mutual Shareholder Services will accept the above referenced account as successor custodian.

\_\_\_\_\_  
Successor Custodian Authorized Signature

\_\_\_\_\_  
Date Approved (mm/dd/yyyy)