AVE MARIA
MUTUAL FUNDS

Beneficiary Designation for Non-Retirement Accounts

For assistance in completing this form please call **1-888-726-9331**

- **Use this form to establish a Transfer on Death (TOD) on your account. Do not list any IRA accounts on this form. Only accounts registered to individuals, joint tenants, or tenants by the entireties may designate a TOD beneficiary.**
- **Acceptable methods of receipt include mail and fax (emails not acceptable)**
- **If your change requires a Medallion Signature Guarantee or Signature Validation Stamp, you may not fax the form – please mail the original**

1 ACCOUNT INFORMATION

Account Number(s) ______________________________

Account Owner's Name ______________________________ Social Security # ______________

Joint Account Owner's Name (if applicable) ______________________________ Social Security # ______________

Please Check One

☐ I am opening a TOD Beneficiary account

☐ I am adding a TOD Beneficiary on my account

☐ I am revoking my current TOD Beneficiary listed on my account and designating new beneficiaries

2 BENEFICIARY DESIGNATION

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

Account Ownership. The designation of a TOD beneficiary on a registration beneficiary form has no effect of ownership until the owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all owners and until proper documentation is provided.

Beneficiary Name	Birthdate	Relationship	Share %	Primary	Contingent
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐

3 SPOUSAL CONSENT

This section should be completed if any marital or community property interest exists in the aforementioned account(s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status

- ☐ **I am not married.** I understand that if I become married in the future, I must complete a new designation of beneficiary form.
- ☐ **I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

Consent of Spouse

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me by the IRA Custodian, the Fund Company or Ultimus Fund Solutions.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse ______________________________ Date ______________

4 SIGNATURE & DESIGNATION

I am designating the above-mentioned individual(s) as the beneficiary(ies) on my account(s). This designation is effective upon receipt by the Fund's transfer agent and will remain in effect until I deliver written notice of change or revocation of beneficiary(ies) to the Fund's transfer agent. If I have previously designated a beneficiary for this account, I now revoke that designation.

Transfer-on-death (TOD) laws vary by state. Please consult an attorney licensed in your state for detailed advice regarding your TOD registration. If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this TOD registration, your states' laws could affect the dispensation of the assets.

I, my successors and assigns, do hereby agree to indemnify and hold harmless the Fund, its affiliates, and any directors, officers, employees, or agents of these entities, from and against all claims, liabilities, damages, actions, charges, costs, losses and expenses arising out of or resulting from the transfer upon my death of the balance in the above reference account(s).

Signature of Account Owner ______________________________ Date ______________

Signature of Joint Account Owner (if applicable) ______________________________ Date ______________

Send completed form to:

Mail
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246-0707

Overnight Deliveries
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
877-513-0756