

PO Box 46707 Cincinnati, OH 45246 (888) 726-9331 (877) 513-0756 fax

					(6/7) 313-0730 lax	
IRA HOLDER'S NAME AND ADDRESS (Transferring IRA)				CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number	Date of Birth	Home Phone		IRA Account Number (Transferring IRA)	Trustee's or Custodian's Phone Number	
INVESTMENT INSTRUCTIONS				TRANSFER ACCOUNT TYPE		
INVESTMENT INSTRUCTIONS						
New Account (application attached) Existing Account (list number below)				Type of Account to Transfer (please include a copy of a recent statement from your current custodian):		
			Ro	th IRA	Roth Conversion IRA	
Invest the Assets in the following manner:				Beneficiary IRA		
STOCK FUNDS				(Name of Deceased)		
Ave Maria Growth Fund – AVEGX \$ or%			TRANSFER INSTRUCTIONS			
Ave Maria Rising Dividend Fund – AVEDX \$ or%			In-Kind Transfer of shares of the Ave Maria Mutual Funds (Do not liquidate)			
Ave Maria Value Fund – AVEMX \$ or%			or			
Ave Maria World Equity Fund – AVEWX \$ or%			Liquidate and Transfer (select one option below):			
<u></u>			All			
Ave Maria Growth Focused Fund – AVEAX \$ or%  (formerly the Ave Maria Focused Fund)			Partial \$ or%			
Ave Maria Value Focused Fund – AVERX \$ or%  (formerly the Schwartz Value Focused Fund)			Other – Attached are additional transfer instructions			
BOND & CASH FUNDS			N. CA. W. I. P. CL.			
Ave Maria Bond Fund – AVEFX \$ or%			Name of Asset to be liquidated:			
Ave Maria Money Market Account – GOAXX \$ or%			Please make a check payable as follows:			
		Total 100%			MUTUAL FUNDS er Name> ROTH IRA	
				PO Box 46707		
				Cincinnati, OH 45246		
SIGNATURE OF IRA HOLDER				ACCEPTING IRA TRUSTEE OR CUSTODIAN		
I hereby appoint First National Bank of Omaha, N.A. to serve as Custodian in accordance the terms and conditions of this document and hereby acknowledge that I have read the Disclosure Statement contained herein and understand that the account is subject to an ann fee of \$15.1 hereby certify that the above Social Security Number is true and correct.				Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.		
I hereby adopt the Roth Individual Retirement Account. I hereby certify that I have full rig and power, and legal capacity to purchase shares of the Fund(s) and affirm that I have rece a current Prospectus and understand the investment objectives and policies stated therein.			eived	(Authorized Signature of New Trustee or Custodian) (Date)		
I authorize the transfer of the Roth IRA assets in the manner described above and certify the all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.				Please contact your resigning trustee/custodian as they may require a		
I understand that I am responsible for determining my eligibility to transfer within the limit forth by tax laws, related regulations and plan agreements. I assume responsibility for any to consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.						
(IRA Ho	lder)	(Date)		Medallic	on Signature Guarantee	
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