

# Automatic Investment Plan

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

- Use this form to establish an Automatic Investment Plan (AIP) on your account. An AIP allows you to add regularly to your mutual fund account by authorizing us to deduct money directly from your checking or savings account on a periodic basis.
- Your bank must be a member of the Automated Clearing House (ACH) to establish an AIP.
- If you are changing, or adding new bank instructions, please have your signature guaranteed or validated in Section 4.

## 1 ACCOUNT INFORMATION

Account Number(s) \_\_\_\_\_

Account Owner's Name \_\_\_\_\_ Joint Account Owner Name (If Applicable) \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2 AUTOMATIC INVESTMENT PLAN

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that may apply, and I may cancel upon 30 days written notice to the address listed on the bottom of this form. I also understand that if the automatic purchase cannot be made due to insufficient funds or another restriction placed on my account a fee will be assessed, and the Fund's transfer agent may discontinue this service to my account.

	<b>AMOUNT</b> (Min \$50/month per fund)	<b>TIMING</b>	
		15th of Month	Last Day of Month
<b>STOCK FUNDS</b>			
<input type="checkbox"/> Ave Maria Growth Fund – AVEGX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria Rising Dividend Fund – AVEDX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria Value Fund – AVEMX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria Undiscovered Fund – AVEUX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria World Equity Fund – AVEWX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Ave Maria Growth Focused Fund – AVEAX <small>(formerly the Ave Maria Focused Fund)</small>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria Value Focused Fund – AVERX <small>(formerly the Schwartz Value Focused Fund)</small>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>BOND &amp; CASH FUNDS</b>			
<input type="checkbox"/> Ave Maria Bond Fund – AVEFX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ave Maria Money Market Account – GOAXX	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

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### BANKING INFORMATION

Bank Account Name _____	Bank Account Number _____
Bank Name _____	Bank Routing Number _____
Bank Address _____	Bank Phone Number _____

Please Attach A Voided Check To This Form – Please Do Not Use A Deposit Ticket

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### CERTIFICATIONS & SIGNATURES

By signing below, I hereby certify and affirm that I have the authority and legal capacity to purchase shares of the Fund as indicated in this form and that the information contained herein is complete and accurate as of the date hereof. If this account is an IRA, I understand that all contributions will be coded as current year. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing. This AIP service may be discontinued by the account holder upon 30 days written notice or by phone.

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**