



# Non-Retirement Asset Transfer

For assistance in completing this form please call **1-866-AVE-MARIA**

- Use this form to transfer assets to an Ave Maria Mutual Funds account with Individual or Joint Registration
- If establishing a new account, please attach a completed Ave Maria Mutual Funds application form
- Do not use this form to transfer Tax Qualified Retirement Plans

## 1 REMITTING INSTITUTION ACCOUNT INFORMATION

Current Bank/Current Remitting Institution \_\_\_\_\_

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

Phone Number \_\_\_\_\_

## 2 ACCOUNT OWNER'S REGISTRATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Joint Owner's Name (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Account Number at Current Institution \_\_\_\_\_ Social Security # \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

## 3 REDEMPTION INSTRUCTIONS

### A. Payment Amount (Select One)

- Entire balance
- Portion of balance \$ \_\_\_\_\_

### B. Payment Schedule & Investments (Select One)

- Immediately liquidate all investments and send cash proceeds
- Liquidate the investments as identified below
- In-Kind transfer of shares – DO NOT LIQUIDATE (Ave Maria Mutual Funds shares only)

### C. Delivery Instructions

Transferee Account Number \_\_\_\_\_

Please make check payable to **Ave Maria Mutual Funds** (Investor Name & Account Number)

Account Number or Investment	Dollar Amount or Number of Shares	Transaction Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are redeeming a mutual fund, please include a copy of your account statement. Penalties and market fluctuation may affect the distribution amount.

## 4 FINANCIAL REPRESENTATIVE (If Applicable)

Name of Firm \_\_\_\_\_

Branch Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Firm Number \_\_\_\_\_ Branch Number \_\_\_\_\_

Rep. Name \_\_\_\_\_ Rep. Number \_\_\_\_\_ Rep. Phone \_\_\_\_\_

# 5 TRANSFER INSTRUCTIONS

Ave Maria Mutual Funds agrees to accept the funds specified in **Section 3 – Redemption Instructions** and open an account for the investor named herein.

FBO/Account Owner's Name \_\_\_\_\_ Social Security or Account # \_\_\_\_\_

**A. Invest as follows:**

**STOCK FUNDS**

- Ave Maria Growth Fund – AVEGX** \_\_\_\_\_ %
- Ave Maria Rising Dividend Fund – AVEDX** \_\_\_\_\_ %
- Ave Maria Value Fund – AVMX** \_\_\_\_\_ %
- Ave Maria Undiscovered Fund – AVEUX** \_\_\_\_\_ %
- Ave Maria World Equity Fund – AVEWX** \_\_\_\_\_ %
- .....
- Ave Maria Growth Focused Fund – AVEAX** \_\_\_\_\_ %  
(formerly the Ave Maria Focused Fund)
- Ave Maria Value Focused Fund – AVERX** \_\_\_\_\_ %  
(formerly the Schwartz Value Focused Fund)

**BOND & CASH FUNDS**

- Ave Maria Bond Fund – AVEFX** \_\_\_\_\_ %
- Ave Maria Money Market Account – GOAXX** \_\_\_\_\_ %

**B. Account Options** (Select One)

- Please open a new Ave Maria Mutual Funds investment account. I have attached the appropriate application documents to this form.
- Please deposit proceeds to an existing Ave Maria Mutual Funds account:

Existing Ave Maria Mutual Funds Account Number

# 6 SIGNATURES

Please sign below exactly as your name(s) appear on the account you are Redeeming/Transferring from. All account owners must sign.

Signature of Account Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Account Owner (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Signature Guarantee** (If Applicable)

For your protection, a signature guarantee may be required by the institution currently holding your investment. A signature guarantee may be supplied by a commercial bank, trust company, federal savings bank, savings and loan association or member of a national securities exchange or other eligible financial institution. Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

Signature Guaranteed By \_\_\_\_\_ Name of Bank or Firm \_\_\_\_\_

Signature of Officer Title \_\_\_\_\_

Medallion Signature Guarantee

Medallion Signature Guarantee

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**