



SMI FUNDS

— SMI ADVISORY SERVICES —

AUTOMATIC WITHDRAWAL PLAN FORM

This Automatic Withdrawal Plan Form is used to move money between your bank account and your mutual fund account via ACH (Automated Clearing House-banks' preferred method of transferring funds) on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-877-764-3863.

PART I: INVESTOR INFORMATION (*Denotes Required Information)

Owner's Name* (First, M.I., Last) _____		Date of Birth* _____	Social Security Number* _____	
Street Address (Physical Address)* _____	Apartment # _____	City* _____	State* _____	Zip Code* _____
Mailing Address (if different from above) _____		City _____	State _____	Zip Code _____
Daytime Phone* _____	Evening Phone _____	Existing Account Number* _____		

PART II: AUTOMATIC WITHDRAWAL PLAN DETAILS

Automatic Withdrawal Plan allows you to withdraw money from your mutual fund account on a scheduled basis. Please refer to your prospectus for other account restrictions.

I AM INTERESTED IN SIGNING UP FOR:

- AUTOMATIC WITHDRAWAL PLAN TO MY ADDRESS OF RECORD
- AUTOMATIC WITHDRAWAL PLAN VIA ACH TO MY BANK ACCOUNT

I authorize the Sound Mind Investing Funds to initiate withdrawals from my mutual fund account as described below:

- Annually Semi-Annually Quarterly Twice Each Month Monthly Other (Check months below)
- January February March April May June
 July August September October November December

Fund _____	Amount \$ _____	Day of Month (1 st , 15 th , etc.) _____
Fund _____	Amount \$ _____	Day of Month (1 st , 15 th , etc.) _____
Fund _____	Amount \$ _____	Day of Month (1 st , 15 th , etc.) _____

Redemption proceeds of fund shares purchased via ACH may not be available for a period of fifteen (15) calendar days. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part III.

PART III: BANK ACCOUNT INFORMATION

Please tape your check or deposit slip here

Please tape a voided check or a preprinted savings deposit slip over this space OR specify your account details below:

IF YOU DO NOT PROVIDE THIS NOW, THE PROCESS OF ADDING YOUR BANKING INFORMATION LATER WILL BE TEDIOUS DUE TO ACCOUNT SECURITY

Name of Bank

Name on Account

Account Number

Routing Number (9 digits)

Checking **Savings**

PART IV: SIGNATURE

The completion of this section is REQUIRED.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Funds as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Funds; and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing in the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

PART V: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

The completion of this section is *REQUIRED*.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

SMI Funds
PO Box 46707
Cincinnati, OH 45246

Overnight Delivery

SMI Funds
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246