



IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this form or would like to request a copy of the latest prospectus, please call Shareholder Services at 1-877-764-3863.

Use this form to give shares of your mutual fund account as a gift to an individual or a charity. Since the transfer of shares does not result in a sale of securities the donor does not incur a taxable event; however, a gift tax may be applicable. Check with your tax advisor on gift or inheritance questions. The transaction to process the “transfer-in-kind” will be done the day the form(s) are received in good order.

Note: Donor completes Part 1 through 4.

PART I: DONOR'S INFORMATION (*Denotes Required Information)

_____		_____	
Name of Trust*		Tax ID Number*	
_____		_____	
Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*	
_____		_____	
Co-Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*	
_____		_____	
Daytime Phone*	Evening Phone		

PART II: GIFT AMOUNT (Shares or Dollar Amount to be transferred)

If you do not specify a dollar amount, number of shares, or percentage, **all** the shares in your account will be transferred. If you need more space, provide the information on a separate sheet. **Note:** Recipient must invest in the same Fund being transferred.

Fund Name	Account Number	Dollar Amount	Number of Shares	Percentage	All
SMI 50/40/10 Fund (SMILX)		\$		%	
SMI Dynamic Allocation Fund (SMIDX)		\$		%	
Sound Mind Investing Fund (SMIFX)		\$		%	
Money Market Fund (GOAXX)		\$		%	

PART III: DONOR SIGNATURE(S)

The account owner(s) listed in Part I must authorize this transfer of shares by signing below. (You must obtain a New Technology Medallion Signature Guarantee Stamp for each person(s) signature). If the account is a Trust, Custodial, or Corporate account, please sign in your capacity. If a Corporate account or trust account, also include a copy of your Corporate Resolution or a copy of your trust.

Note: Please forward the original form with the prospectus to recipient for completion.

X Shareholder, Custodian, Trustee, or Authorized Officer* Date X Shareholder, Custodian, Trustee, or Authorized Officer* Date

PART IV: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

I certify that no tax or legal advice has been given to me by the Custodian, Sound Mind Investing Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Sound Mind Investing Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

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 guarantees (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.



Note: Recipient completes Part 5 through 16.

PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO

Individual. [] Existing Account Number
 I want to establish a new account. Or

Joint. Joint accounts are registered as “Joint Tenants with Rights of Survivorship” unless you indicate otherwise. [] Existing Account Number
 I want to establish a new account. Or

Trust. [] Existing Account Number
 I want to establish a new account. Or

Important: You must send us a copy of the pages in your trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures.

PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO-CONTINUED

Uniform Gifts/Transfers to Minors Act (UGMA/UTMA).

I want to establish a new account. Or

Existing Account Number

_____ State under the laws of which the gift or transfer is being made.

Organization. Account owned by an entity.

I want to establish a new account. Or

Existing Account Number

Check the organization's entity type. **Important:** You must send us a copy of the documentation required for your entity type specified below.

- | | |
|--|--|
| <input type="checkbox"/> Corporation | Articles of Incorporation, or state-issued charter or Certificate of Good Standing. |
| <input type="checkbox"/> Foundation | Articles of Incorporation. |
| <input type="checkbox"/> Partnership | Partnership. |
| <input type="checkbox"/> Sole Proprietorship | Document filed to form the proprietorship. |
| <input type="checkbox"/> Other _____ | Document filed to form the organization (if a legal entity), or organization bylaws or similar document (if not a legal entity). |

Check one of the following if it describes the organization establishing the account:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Broker/
Dealer | Mutual
Fund | National
Bank | State-
Regulated
Bank | Government
Agency or
Instrumentality | Publicly Traded on the Nasdaq (except small cap issues), NYSE, or AMEX
Ticker Symbol: _____ |

PART VI: RECIPIENT INFORMATION

Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

Note: If shares are being transferred to an existing account and no registration information is changing (i.e., no new owners are being added), skip to Section 8.

Name of Individual, Custodian, Trustee, or Organization Representative* (First, M.I., Last)

Date of Birth* Social Security Number* Employer Identification Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Daytime Phone* Evening Phone

PART VII: ADDITIONAL RECIPIENT INFORMATION

Every person to be registered on the account must provide all of the information requested. If there are more than two owners, provide the information, in the same format, on a separate sheet.

Name of Individual, Minor, Agent, Co-Trustee, or Organization Representative* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Daytime Phone*

Evening Phone

PART VIII: DISTRIBUTION OPTIONS FOR INCOME DIVIDENDS AND CAPITAL GAINS

Check one option for dividends and one for capital gains. If nothing is checked, all distributions will be reinvested in additional fund shares. Your choices will apply to all fund accounts opened through this form.

Dividends

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part XIII*)

Short-Term Capital Gains

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part XIII*)

Long-Term Capital Gains

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part XIII*)

PART IX: TELEPHONE TRANSACTION PRIVILEGES

The completion of this section is OPTIONAL.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part XIII*.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part XIII*.

Please check the box below if you **DO NOT** want these privileges.

- By checking this box, you DO NOT authorize the Sound Mind Investing Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares.

PART X: ELECTRONIC COMMUNICATION

The completion of this section is *OPTIONAL*.

You can enjoy the convenience of receiving annual reports, transaction confirmations, and account statements online rather than having them mailed to you. You'll get your information faster while receiving fewer bulky mailings to fill your mailbox. Plus you'll help the environment and reduce the funds' expenses. To opt-in, simply check the box below and provide your email address.

When documents are available, you will receive an email message informing you of their availability online. For investment confirmations and account statements, the email will provide a link to our secure site where you will be prompted to sign in. You may then view your confirmation or account statement by clicking on 'Statements' at the top of the page. To review new prospectuses, annual and semi-annual reports, you will be sent an email with an attached document in PDF format for download.

The Sound Mind Investing Funds may change this notification without prior notice at any time. You may at any time request a paper copy of the Funds' prospectus, annual and semi-annual reports, or statements by calling us Monday through Friday, 9:00AM to 5:00PM Eastern Time, at 1-877-764-3863, or writing us at SMI Funds, PO Box 46707, Cincinnati, OH 45246

Authorization to discontinue mailing of paper statements - By checking this box, I authorize the Sound Mind Investing Funds to send my shareholder communications electronically to the email address I am providing, rather than mailing me paper copies of these communications. I understand that I may discontinue electronic services and start receiving paper statements at my discretion.

Email Address: _____

PART XI: AUTOMATIC INVESTMENT PLAN

The completion of this section is *OPTIONAL*.

Automatic Investment Plan - This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100/month minimum. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part XIII*.

I authorize the Sound Mind Investing Funds to initiate investments into my mutual fund account according to the following frequency:

Twice Each Month Monthly

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

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

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

PART XII: AUTOMATIC WITHDRAWAL PLAN

The completion of this section is *OPTIONAL*.

Automatic Withdrawal Plan - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part XIII*.

Automatic Withdrawal Plan to my Address of Record **Automatic Withdrawal Plan via ACH to my Bank Account (complete *Part XIII*)**

I authorize the Sound Mind Investing Funds to initiate withdrawals from my mutual fund account according to the following frequency:

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 (1st, 15th, etc.) _____

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

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

*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART XIII: 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:

Name of Bank

Name on Account

Account Number

Routing Number (9 digits)

Checking Savings

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

PART XIV: DISPOSITION OF NEW SHARES

The completion of this section is **REQUIRED**.

- Hold shares on deposit until further notice.
- Redeem shares as indicated below and send check to the address of record.
 - Redeem dollars: \$ _____
 - Redeem shares: _____
 - Redeem all shares

PART XV: RECIPIENT SIGNATURE(S)

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, 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 certifying that each person listed below 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 on the space provided below).

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

 X
Shareholder, Custodian, Trustee, or Authorized Officer Date

Note: All account owners and authorized signers must sign above.

PART XVI: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

You will need to have your signature(s) Medallion Signature Guaranteed if the value of the redemption exceeds \$25,000.

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 charter to provide new technology medallion signature guarantees (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.



FOR DEALER USE ONLY

Financial Institution Name

Representative’s Full Name

Address

Representative’s Branch Office Telephone Number

City

State Zip Code

Dealer Number Branch Number

Representative Number

X _____
Representative’s Signature

X _____
Supervisor’s Signature

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
SMI Funds
PO Box 46707
Cincinnati, OH 45246

Overnight Delivery
SMI Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246