



**STANDARD ACCOUNT
TRANSFER REQUEST
FORM**

The **Transfer Request Form is used to facilitate the transfer of assets between two standard non-retirement accounts. This form should not be used to facilitate a IRA account transfer or a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-877-764-3863. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

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

PART II: CURRENT TRUSTEE, CUSTODIAN OR ISSUER

Name of Current Trustee/Custodian/Issuer*		Current Account/Plan Number/Fund Name*		
P. O. Box*	Suite #	City*	State*	Zip Code*
Name of Contact*		Contact's Phone Number*		
Type of Account:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> UGMA/UTMA	<input type="checkbox"/> Corporate
	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Securities	<input type="checkbox"/> Money Market	<input type="checkbox"/> Trust
			<input type="checkbox"/> CD (Immediately/At Maturity)	

PART III: TRANSFER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number _____

Transfer Allocation:

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Investment Choice	Amount or Percentage
SMI 50/40/10 Fund (SMILX)	\$ _____ or _____ %
SMI Dynamic Allocation Fund (SMIDX)	\$ _____ or _____ %
Sound Mind Investing Fund (SMIFX)	\$ _____ or _____ %
Money Market Fund (GOAXX)	\$ _____ or _____ %
TOTAL: \$ _____ or _____ %	

PART IV: LIQUIDATION/TRANSFER INSTRUCTIONS

I authorize and direct the current Trustee, Custodian or Issuer to liquidate/transfer assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new Account Trustee/Custodian identified below.

- Partially liquidate \$ _____ of the current account and send the proceeds to the new account Trustee/Custodian identified below.
(Note to Owner: Attach additional written liquidation instructions, if necessary.)

- Transfer-in-kind

- Other (describe): _____

***Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Sound Mind Investing Fund: FBO _____
(Investor's Name)

Please mail check to:

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

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

PART V: ACKNOWLEDGEMENTS

By signing this *Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer my assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of A Owner (or other authorized person): X _____ Date: _____

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