

The Archer Funds

Send completed forms to:
Mutual Shareholder Services, LLC
Attn: The Archer Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

IRA TRANSFER OR DIRECT ROLLOVER REQUEST FORM

Please print or type

GENERAL INFORMATION

Name _____ Date of Birth _____

Soc. Sec. No. _____ Address _____

City _____ State _____ Zip _____ Daytime Phone _____

Evening Phone _____ Account Number _____

TRANSFER/DIRECT ROLLOVER REQUEST

I have established an IRA with The Archer Funds of which Huntington Bank serves as Custodian.

I request that my retirement funds be: (check one)

_____ Transferred from another IRA

_____ Directly rolled over from my employer-sponsored retirement plan.

_____ Transferred from a SIMPLE IRA (SAR)*

Transfer assets to:

_____ Archer Balanced Fund \$ _____

_____ Archer Stock Fund \$ _____

_____ Archer Income Fund \$ _____

I authorize my present Custodian/Trustee of IRA, or the administrator of my current retirement plan, to directly send the assets indicated in #3 of Fund Automatic Investment (ACH) Form below to my IRA with The Archer Funds.

Name of present Custodian, Trustee, or Employer Plan Administrator _____ Account# _____

Please include a copy of your latest IRA statement.

Street Address _____ City _____ State _____ Zip _____

*SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA)

If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

PAYMENT INFORMATION

Payment Schedule. I authorize and direct you to send my assets as follows:

(1) _____ Immediately liquidate all assets and send the cash proceeds

(2) _____ Send cash proceeds of all investments at maturity

(3) _____ Send the assets at maturity for the investments listed below

Investment

Maturity Date (if applicable)

(4) _____ Other _____

Conduit IRA – Do you want these funds kept in a separate IRA? _____ Yes _____ No

Source of funds _____ IRA _____ SIMPLE IRA (SRA) _____ QP/TSA

AGE 70 1/2 INFORMATION

Check one of the following

_____ I am *under age 70 1/2* and do not turn age 70 1/2 at any time during the calendar year.

_____ I am *70 1/2 or older* and understand that no part of my required distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties resulting if I do transfer or roll over any part of my required distribution.

SIGNATURES AND CERTIFICATIONS

I certify that I have established an IRA with The Archer Funds, of which Huntington Bank is the Custodian. I agree to contact my present Custodian that I am transferring from to determine if specific documentation or signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian cannot provide legal advice and I agree to consult my own tax professions for advice.

Signature of Individual

Date

Signature of Custodian

Date

(You may wish to retain a copy of this form for your records)

TO BE COMPLETED BY A Huntington Bank REPRESENTATIVE (For office use only).for The Archer Funds here by confirms that it has accepted its appointment as Custodian of The Archer Funds IRA .Make checks payable to: The Archer Funds, FBO _____

Signature

Title

Date

The Archer Funds

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FUND AUTOMATIC INVESTMENT (ACH) FORM

Please print or type

1. ACCOUNT INFORMATION

Account Holder Name(s): _____

Account Number: _____
(Leave blank if form accompanies new application)

2. TRANSFERS (\$50 Minimum)

Transfer the amount of \$ _____ TO the account listed above on the frequency selected below.

Please select on option

_____ Monthly beginning on the 10th of _____ (insert month)
_____ Quarterly beginning on the 10th of _____ (insert month)
_____ Annually beginning on the 10th of _____ (insert month)

Please select which fund:

Archer Balanced Fund \$ _____ (or %)
Archer Stock Fund \$ _____ (or %)
Archer Income Fund \$ _____ (or %)

3. BANK INFORMATION

Please complete with your bank information

Bank Name: _____

Bank Address: _____ City _____ State _____ Zip _____

Account Number: _____ Checking _____ Savings _____

ABA Transit Routing Number (Bank): _____

Please attach a copy of a voided check (checking account) or a pre-printed deposit slip (savings account) from the bank to enable transfer of funds.

I hereby authorize Mutual Shareholder Services, LLC upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Mutual Shareholder Services, LLC*** in such time and manner as to afford Mutual Shareholder Services, LLC and the bank a reasonable opportunity to act upon it.

Signature of Primary Account Holder Date

Signature of Additional Account Holder Date

For Joint Account Registrations:

If the name(s) on your bank account in Section 1 are not identical to the mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

Bank Account Owner's Name

Bank Account Owner's Signature Date