

IRA TRANSFER REQUEST FORM



**The IRA Transfer Request Form is used to facilitate the transfer of assets between two IRAs. This form may be used to transfer Traditional, Roth, SEP, or SIMPLE IRA assets from one IRA Trustee/Custodian/Issuer to another. This form should not be used to facilitate 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 1-800-238-7701. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: IRA OWNER INFORMATION (RECEIVING IRA) (*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 _____

PART II: CURRENT IRA TRUSTEE, CUSTODIAN OR ISSUER

Name of Current IRA Trustee/Custodian/Issuer* _____ Current IRA Account/Plan Number/Fund Name* _____

P. O. Box* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Name of Contact* _____ Contact's Phone Number* _____

***Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER DESCRIPTION (PLEASE ATTACH A STATEMENT)

Type of Transfer (Select One)

- Traditional/SEP IRA-to-Traditional/SEP IRA SIMPLE IRA-to-SIMPLE IRA Roth IRA-to-Roth IRA
 SIMPLE IRA-to-Traditional/SEP IRA*

*You may not transfer SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsored SIMPLE IRA plan.

PART IV: 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%.

Name of Investment	Percentage
1. Archer Balanced Fund	%

PART V: LIQUIDATION/TRANSFER INSTRUCTIONS

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

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

- Partially liquidate \$ _____ of the current IRA account and send the proceeds to the new IRA Trustee/Custodian identified below.
(Note to IRA 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: Archer Balanced Fund: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Archer Balanced Fund
 Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

Overnight Delivery
 Archer Balanced Fund
 Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

PART VI: INSTRUCTIONS REGARDING REQUIRED MINIMUM DISTRIBUTION (RMD)

Note: Complete this section only if the current (i.e., distributing) IRA is subject to Required Minimum Distributions (RMDs).

- Keep my RMD in the existing IRA and transfer the balance as instructed. I have already satisfied my RMD for the year.
- Send me my RMD and transfer the remaining IRA balance as instructed above. Transfer my RMD to the new IRA Trustee/Custodian.

Special Instructions: _____

PART VII: ACKNOWLEDGEMENTS

By signing this *IRA Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA 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 IRA 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 IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues.

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

PART VIII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. ****Please contact your present custodian to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.**

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.



PART IX: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Signature of Receiving IRA Trustee/Custodian Representative: X *M. Gallagher* _____ Date: _____

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Archer Balanced Fund
 Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

Overnight Delivery
 Archer Balanced Fund
 Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147