



NON- RETIREMENT ACCOUNT REQUEST FOR TRANSFER

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 application or how to invest, please call Shareholder Services at 1-800-238-7701.

To transfer funds from another financial institution, complete a New Account Agreement (unless the proceeds will purchase shares in an existing account) and this Request for Transfer Form. We will establish your account and send a letter of instruction to the financial institution currently holding your account to complete the transfer.

PART I: INVESTOR INFORMATION (* Denotes Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (Physical Address)*	Apartment #	City*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State*
<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	Zip Code*
	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Daytime Phone	Evening Phone
	<input type="text"/>	<input type="text"/>
<i>For mailing outside of U.S., provide:</i>		
Country of Residence	Province	Foreign Routing/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART II: INFORMATION ABOUT THE ACCOUNT YOU ARE TRANSFERRING

Firm Currently Holding Your Account	Name on Account
<input type="text"/>	<input type="text"/>
Street Address or Box Number (Include Suite Number)	Account Number
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
Name of Contact	Zip Code
<input type="text"/>	<input type="text"/>
	Contact's Phone Number
	<input type="text"/>

PART III: TRANSFER INSTRUCTIONS

Check One:

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

Transfer Allocation

List the fund(s) into which proceeds will be transferred. Using whole percentages, the total must add up to 100%.

Name of Investment	%
1. Archer Balanced Fund	<input type="text"/>
2. Archer Income Fund	<input type="text"/>
3. Archer Stock Fund	<input type="text"/>
4. Archer Dividend Fund	<input type="text"/>
5. Archer Multi Cap Fund	<input type="text"/>
6. Archer Focused Fund	<input type="text"/>

PART IV: TRANSFER INSTRUCTIONS TO THE FINANCIAL INSTITUTION CURRENTLY HOLDING YOUR ACCOUNT

Check One:

- Transfer entire balance
- Transfer only \$ _____
- Transfer in kind
- Liquidate immediately
- Liquidate at Maturity Date _____/_____/_____

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.

- Wire proceeds from transfer to the Archer Funds (Your Bank or Brokerage firm may charge you a fee to wire the proceeds)

PART V: INVESTOR SIGNATURE

To the Financial Institution currently holding my account:

I certify that I have established an account with the Archer Funds. I agree to contact my present Custodian/Trustee that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers. I agree to hold Unified Fund Services and the Archer Funds harmless against any and all situations arising from an ineligible transfer. I acknowledge that Unified Fund Services cannot provide legal advice and I agree to consult with my own tax professional for advice.

 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 VI: SIGNATURE GUARANTEE

A signature guarantee is designed to protect the account from fraud.

Obtain a signature guarantee from a:

- Bank or trust company
- Savings association
- Credit union
- Broker, dealer, or securities exchange member

Note: Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

SIGNATURE GUARANTEE

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 The Archer Funds
 Mutual Shareholder Services
 8000 Town Centre Drive, Ste 400
 Broadview Heights, OH 44147

Overnight Delivery
 The Archer Funds
 Mutual Shareholder Services
 8000 Town Centre Drive, Ste 400
 Broadview Heights, OH 44147