

WEGENER ADAPTIVE GROWTH FUND IRA TRANSFER REQUEST

Use this form when transferring your IRA directly to the Wegener Adaptive Growth Fund account from another institution. A recent copy of your current account statement would be appreciated. An IRA application must also be completed if this is a new account. Please call (800)595-4077 or (440) 922-0066 with any questions. When complete, mail this form to:

Wegener Adaptive Growth Fund
c/o Mutual Shareholder Services
8000 Town Centre Drive Suite 400
Broadview Heights, Ohio 44147

YOUR NAME

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

NAME AND ADDRESS OF PRESENT TRUSTEE

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
ACCOUNT NUMBER _____
ACCOUNT DESCRIPTION (FUND NAME, CD, ETC) _____

WHERE TO INVEST YOUR IRA

- I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.
- PLEASE DEPOSIT IN MY EXISTING IRA:

ACCOUNT# _____

AUTHORIZATION FOR TRANSFER

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING IRA:
PLEASE LIQUIDATE AND TRANSFER:

- \$ _____ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR UPON MATURITY

SIGNATURE _____
DATE ____/____/____

IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:
NAME OF BANK OR FIRM _____
SIGNATURE OF OFFICER _____
TITLE OF OFFICER _____

TO BE COMPLETED BY US Bank CUSTODIAN FOR Wegener Adaptive Growth Fund

ACCEPTANCE OF APPOINTMENT

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Wegener Adaptive Growth Fund. To ensure proper crediting, please return the check made payable to:

Wegener Adaptive Growth Fund FBO _____

MAIL TO:

Wegener Adaptive Growth Fund
C/O MUTUAL SHAREHOLDER SERVICES
8000 TOWN CENTRE DRIVE SUITE 400
BROADVIEW HEIGHTS, OH 44147

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

CUSTODIAN SIGNATURE _____ DATE _____