



Conquering the Efficient Frontier®

Yorktown Funds

## Individual Retirement Account (IRA) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), 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. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

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.

**Please note that a \$15.00 annual maintenance/custodian fee will be charged for each type of IRA account.**

**If you have any questions regarding this application please call Shareholder Services at 1-888-933-8274.**

\*DENOTES REQUIRED INFORMATION

DENOTES CHECK IF APPLICABLE

### PART 1. INVESTOR INFORMATION

Owner Name\* (First M.I. Last)

Date of Birth\*

Social Security Number\*

Street Address\* (Physical Address) Apt. #

City\*

State\*

Zip Code\*

Mailing Address (if different from above)

City

State

Zip Code

Daytime Phone\*

Evening Phone\*

### PART 2. ACCOUNT INFORMATION

Firm Currently Holding Your IRA

Name on Account

Account Number

#### Address of Firm currently holding IRA

Mailing Address

City

State

Zip Code

Name of Contact

Contact's Phone Number

#### Investor's Address (if different from above)

( Example: Address of Investor if different from above when the **initial** IRA was set up at the Current Firm holding your IRA -- I.E. *Have you moved since you set up your current IRA?* )

Mailing Address (if different from above)

City

State

Zip Code

Continued on Next Page

**PART 2. ACCOUNT INFORMATION (continued)**

**PLEASE ATTACH A STATEMENT FOR THE IRA YOU ARE TRANSFERRING**

**A. Choose IRA Type Below:**

- Traditional IRA
- Rollover IRA
- Roth Contribution IRA
- Rollover Roth IRA
- Roth Conversion IRA
- SEP-IRA

**B. Investment Type (Check only one):**

- Transfer of assets from another financial institution (Complete New Account Form).
- Transfer of assets from another financial institution to Roth Conversion IRA (Complete New Account Form and Withholding Instructions section of this form).
- Transfer in Kind – Regarding your existing IRA, Provide the:

Fund Name

Account Number

**PART 3. INITIAL OR SUBSEQUENT INVESTMENT ALLOCATION**

The completion of this section is **REQUIRED**

- This is a new account and a completed IRA New Account Agreement is attached which includes instructions for my initial investment.

**OR**

- I am currently an API Funds Model Portfolio shareholder. My Account Number:

Please use the proceeds of this transfer to purchase shares using my **existing** Master Portfolio Model allocation.

**OR**

- I am currently an API Funds shareholder. My Account Number:

Please use the proceeds of this rollover to purchase shares as indicated below

<b>API FUNDS</b>		<b>YORKTOWN FUNDS</b>	
<i>Fund</i>	<i>Percent</i>	<i>Fund</i>	<i>Percent</i>
<input type="checkbox"/> API Short Term Bond Fund	<input type="text"/>	<input type="checkbox"/> Yorktown Small Cap Fund	<input type="text"/>
<input type="checkbox"/> API Multi-Asset Income Fund	<input type="text"/>	<input type="checkbox"/> Yorktown Mid Cap Fund	<input type="text"/>
<input type="checkbox"/> API Capital Income Fund	<input type="text"/>	<input type="checkbox"/> Money Market Account	<input type="text"/>
<input type="checkbox"/> API Growth Fund	<input type="text"/>		
<input type="checkbox"/> API Master Allocation Fund	<input type="text"/>		
<input type="checkbox"/> Money Market Account	<input type="text"/>		
<b>Total Funds Must Equal 100%</b>			<input type="text"/>

**PART 4. INSTRUCTION TO THE FINANCIAL INSTITUTION CURRENTLY HOLDING YOUR IRA**

**Check One:**

- Transfer entire balance
- Liquidate immediately
- Transfer only \$
- Transfer in Kind
- 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.*

If you choose to wire-transfer your funds, contact Shareholder Services for instructions.

**PART 5. WITHHOLDING INSTRUCTIONS FOR ROTH CONVERSION IRA**

When converting all or a portion of your IRA to a Roth conversion IRA, the conversion amount is a taxable distribution. IRS regulations require the financial institution currently holding your IRA to withhold federal income tax from the amount you convert unless you do not want withholding to occur. The minimum withholding rate is 10%. Indicate your withholding election below:

Withhold 10%       Withhold Only  %       Do Not Withhold

**IRS Reporting:** For IRS reporting purposes, I am (check one):     Less than 59 ½     Age 59 ½ or older

**PART 6. INVESTOR SIGNATURE**

I certify that I have established an IRA with Unified Financial Securities, Inc. 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 or direct rollovers. I agree to hold Unified Financial Securities, transfer or direct rollover. I acknowledge that Unified Financial Securities, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

Investor's Signature

Date

**PART 7. SIGNATURE GUARANTEE**

A signature guarantee may be required by your current financial institution to complete this transaction; it is designed to protect your account from fraud.

If needed you may obtain a signature guarantee from:

- 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

**PART 8. CUSTODIAN ACCEPTANCE – TO BE COMPLETED BY THE NEW CUSTODIAN**

Unified Financial Securities accepts appointment as Custodian and the transfer described in this form. Please transfer all or part of the designated account(s) as instructed. Make the check payable to API Trust and mail to of the addresses below. Make the check payable to API Trust.

Custodian's Signature

Date

Title

**MAILING INSTRUCTIONS**

Please mail completed application to:

**Regular Mail Delivery**  
API Funds  
c/o Ultimus Fund Solutions, LLC  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Courier**  
API Funds  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246