



Conquering the Efficient Frontier®

Yorktown Funds

Simple 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 **Simple IRA Account Request for Transfer form** is used to facilitate the transfer of assets between two Simple IRA Accounts.

Note: Please complete a Simple IRA New Account Agreement if you do not already have an account established with API Funds. We will establish your Simple IRA Account and send a letter of acceptance to the financial institution currently holding your IRA to complete the transfer.

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

<input type="text"/> Owner Name* (First M.I. Last)	<input type="text"/> Date of Birth*	<input type="text"/> Social Security Number*	
<input type="text"/> Street Address* (Physical Address) Apt. #	<input type="text"/> City*	<input type="text"/> State*	<input type="text"/> Zip Code*
<input type="text"/> Mailing Address (if different from above)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
	<input type="text"/> Daytime Phone*	<input type="text"/> Evening Phone*	

PART 2. INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING

Firm Currently Holding Your IRA

<input type="text"/>			
<input type="text"/> Name on Account	<input type="text"/> Account Number		
<input type="text"/> Street Address* (include Suite Number)	<input type="text"/> City*	<input type="text"/> State*	<input type="text"/> Zip Code*
<input type="text"/> Name of Contact	<input type="text"/> Contact's Phone Number		

PLEASE ATTACH A STATEMENT FOR THE IRA YOU ARE TRANSFERRING

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/Yorktown Funds 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/Yorktown Funds shareholder. My Account Number:

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

API FUNDS		YORKTOWN FUNDS	
Fund	Percent	Fund	Percent
<input type="checkbox"/> API Short Term Bond Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Yorktown Small Cap Fund	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Multi-Asset Income Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Yorktown Mid Cap Fund	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Capital Income Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Money Market Account	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Growth Fund	<input style="width: 60px;" type="text"/>		
<input type="checkbox"/> API Master Allocation Fund	<input style="width: 60px;" type="text"/>		
<input type="checkbox"/> Money Market Account	<input style="width: 60px;" type="text"/>		

Choose a Share Class:

For API Funds: A L I

For Yorktown Funds: A L I

PART 4. INSTRUCTION TO THE 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%
 Do Not Withhold
 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, LLC. 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, Inc. harmless against and all situations arising from an ineligible transfer or direct rollover. I acknowledge that Unified Financial Security, 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.

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