## Triad Small Cap Value Fund

**IRA Transfer:** Use this form **and** the Triad Small Cap Value Fund *Individual Retirement Account Application* if you are transferring your existing IRA assets from another custodian directly to a **new** Triad Small Cap Value Fund IRA. Use this form **only** if you are transferring IRA assets from another custodian to an **existing** Triad Small Cap Value Fund IRA.

**Direct Rollover:** Use this form **and** the Triad Small Cap Value Fund *Individual Retirement Account Application* if you are directly rolling over your existing employer sponsored retirement plan assets to a **new** Triad Small Cap Value Fund IRA. Use this form **only** if you are directly rolling over to an **existing** Triad Small Cap Value Fund IRA

1. Social Security Number	
Social Security Number	
2. Investor Information (Please Print or T	vne)
	, p.c.,
Name (First, Middle, Last)	
Street	
City, State, Zip code	
( ) ( ) Daytime Telephone Evening Tele	onhono
Daytime Telephone Evening Tele	epnone
3. Transfer/Direct Rollover Assets Fro	m This Account
Name of Current Trustee, Custodian or Plan Employer	
Address	
City, State, Zip	
( ) Telephone Number	
Telephone Number	
Account Number	
• Please attach a copy of a recent account statement to help	us locate your current accou
4. Instructions to Current IRA Custodia	an/Plan Emplover
I have established an IRA with Triad Small Cap V (or direct rollover) assets, in cash, from the above acc	
according to the instructions (a), (b), and (c).	
(a) • IRA Transfer From: (check one if IRA Transfer)	
☐ Traditional IRA ☐ Rollover IRA	Roth IRA
Roth Conversion IRA SEP-IRA	☐ SIMPLE IRA
<ul> <li>◆ Direct Rollover From: (check one if Direct Rollo</li> <li>☐ Employer – Sponsored Plan</li> </ul>	ver)  Other
_ Employer Sponsored Flam	- other
(b) Payment Information:	
Immediately liquidate all assets and send the	cash proceeds.
Partial Liquidation. \$or	% and retain balance.
Send cash proceeds of all investments at mat	turity.
Send the assets at maturity for the investmer	nts listed below.
Investment	Maturity Date
Other. Please attach additional transfer / dir	ect rollover instructions.
Other. Please attach additional transfer / dir  Note. There may be a penalty for early liquidation.	ect rollover instructions.

## IRA Transfer / Direct Rollover Request Form

To obtain a copy of the *Individual Retirement Account Application*, please visit **www.triadmutualfunds.com** or call toll-free **1-888-501-1036**. For any assistance, please call the number.

Please mail (or send overnight) the completed form to: Triad Small Cap Value Fund c/o Mutual Shareholder Services, LLC 8000 Town Centre Dr., Suite 400 Broadview Hts., OH 44147

(c) Please make check payable to Triad Small Cap Value Fund and send it, along with a copy of this form to the above address.

If you prefer to wire funds, please call 1-888-501-1036 for instructions.

**Suggestion:** Contact your current custodian (or plan employer) to determine that they have completed all necessary paperwork to ensure the timely transfer of assets.

5. Instructions (Please check of	one)
New Individual Retirement Accor Account in accordance with the instru- Account Application, and invest the tran	actions in the attached Individual Retirement
☐ Existing Individual Retirement in my existing Triad Small Cap Value	Account: Invest the transferred proceeds
ii iiiy existing Thad Sinan Cap vald	
	Triad Small Cap Value Fund Account Number
6. Signature of Investor (req	uired)
	ponsibility for my investment choice prospectus which I have been advised
IRA, SEP IRA, or Roth IRA a:	ts for a valid transfer to a Traditiona re complex and that I have the th all requirements and for the tax
have established a successor Indiv with the Triad Small Cap Value Fur	dian, trustee or plan employer that idual Retirement Custodial Accound for which US Bank, N.A. acts as it ill be transferred (or directly rolled
X	D.
X Signature of Investor (required)	Date
Signature of Investor (required)  Signature Guarantee: Please check w	
Signature of Investor (required)  Signature Guarantee: Please check w Employer to determine if a signature guarantee may be obtained These institutions include U.S. banks	ith your current Trustee/Custodian / Plan arantee is required to process this transfer. If from any eligible guarantor institution
Signature of Investor (required)  Signature Guarantee: Please check w Employer to determine if a signature guarantee may be obtained These institutions include U.S. banks	ith your current Trustee/Custodian / Plar arantee is required to process this transfer. If from any eligible guarantor institution is, savings associations, credit unions and anot provide a Signature Guarantee.
Signature of Investor (required)  Signature Guarantee: Please check w Employer to determine if a signature guarantee may be obtained These institutions include U.S. banks brokerage firms. A Notary Public can	ith your current Trustee/Custodian / Planarantee is required to process this transfer.  If from any eligible guarantor institution is, savings associations, credit unions and anot provide a Signature Guarantee.
Signature of Investor (required)  Signature Guarantee: Please check w Employer to determine if a signature gua A signature guarantee may be obtained These institutions include U.S. banks brokerage firms. A Notary Public can  Name of Guarantor Institution / Guarantee S  Authorized Signature	ith your current Trustee/Custodian / Plar arantee is required to process this transfer. It from any eligible guarantor institution is, savings associations, credit unions and anot provide a Signature Guarantee.

Authorized Signature

Date