

SYSTEMATIC WITHDRAWAL PLAN

Please do not use this form for IRA plan distributions. For assistance, call us toll-free at 1-800-220-8888 weekdays from 9 am to 8 pm, Eastern Standard time.



QUAKER® FUNDS

STEP 1. SHAREHOLDER INFORMATION

Mr. Mrs. Ms. Name

Address

City

State

Zip

Telephone Number

Social Security Number

STEP 2. WITHDRAWAL INSTRUCTIONS (CHOOSE ONE METHOD FOR EACH FUND).

Account Number Start Date / /

Frequency Monthly Quarterly Annually

Fund Name \$ or % each period

Fund Name \$ or % each period

Fund Name \$ or % each period

STEP 3. PAYMENT METHOD (CHOOSE ONE METHOD).

A. Standard: Check is mailed to name and address of record.

B. Special Payment Options (Signature Guarantee Required)

Make check payable to name of record but mail to the following address:

Address

City

State

Zip

Make check payable to third party:

Name

Address

City

State

Zip

