



QUAKER® FUNDS

IRA Transfer Form

[If this is for a new IRA Account, an IRA Application must accompany this form.]

Mail To: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **1-800-220-8888**.

! Important Shareholder Information

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, and/or if you need a signature guarantee in Section Six to order this transfer. U.S. Bancorp Fund Services, LLC will initiate your request upon receipt of this form.

1. INVESTOR INFORMATION

FIRST NAME _____		M.I. _____	LAST NAME _____
SOCIAL SECURITY NUMBER _____			
ADDRESS _____			
CITY / STATE / ZIP _____			
() _____		() _____	
DAYTIME PHONE NUMBER _____		EVENING PHONE NUMBER _____	

2. INSTRUCTIONS TO CURRENT IRA CUSTODIAN OR PLAN ADMINISTRATOR

Please include a copy of your current account statement

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR _____		
ACCOUNT NUMBER _____	CONTACT PERSON _____	CONTACT NUMBER _____
ADDRESS _____		

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

- All Assets
- OR
- \$ _____ or _____ %

Please process this request:

- immediately
- OR
- at maturity _____ (month / day / year)

***Please liquidate all assets if no selections are made.**

Send the check representing the assets payable to "Quaker Investment Trust" along with a copy of this form to:

Quaker Funds
FBO [Shareholder Name]
[Account Number]
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

3. CONVERSION OF TRADITIONAL IRA TO ROTH IRA

- Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

4. AGE 70½ INFORMATION

Check one of the following:

- I am under the age of 70½ and do not turn 70½ at anytime during the calendar year
- OR
- I am age 70½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

5. ACCOUNT INFORMATION

A Quaker Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

	New	Existing	Account # (if applicable)	Amount	Percentage
<input type="checkbox"/> Quaker Strategic Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Core Equity Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Small-Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Capital Opportunities Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Biotech Pharma-Healthcare Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Mid-Cap Value Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Small-Cap Value Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> Quaker Core Value Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> _____ Fund Nam	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	OR _____ %

6. Signature and Certification

I certify that I have established an IRA with the Quaker Funds, of which U.S. Bank, NA, is the Custodian. I agree to contact my present Custodian from whom I am transferring 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 the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X _____ DATE (Mo / Dy / Yr)
SIGNATURE OF OWNER (OR GUARDIAN IF IRA OWNER IS A MINOR)

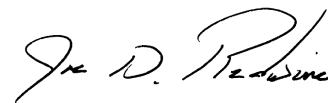
SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each signature being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

7. Acceptance / Custodian Authorization

U.S. Bank, NA, hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Quaker Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, NA



Before you mail, have you:

- Completed an IRA Account Application if the transfer or direct rollover is going to a new account?
- Included documents from your current custodian or plan administrator, if required?
- Signed this form in Section 6?
- Consulted with your current custodian about any applicable fees or penalties and whether or not you need a signature guarantee?