



QUAKER® FUNDS

Redemption Request Form

(Please do not use for IRA Accounts)

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., FL3
Milwaukee, WI 53202-5207

1 Account Information | Please Print

Name(s) of Account Owner(s) _____

Address _____

City _____ State _____ Zip Code _____ Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Daytime Phone Number _____

2 Redemption Information | Select One

Fund Name	Account Number	Redeem Exact Dollar Amount	Redeem Exact No. of Shares	Redeem % of Asset Value
_____	OR _____	OR \$ _____	OR _____	OR _____
_____	OR _____	OR \$ _____	OR _____	OR _____
_____	OR _____	OR \$ _____	OR _____	OR _____
_____	OR _____	OR \$ _____	OR _____	OR _____
_____	OR _____	OR \$ _____	OR _____	OR _____

- Check to Address of Record
- ACH to Bank of Record
- Wire to Bank of Record
- ACH to New Bank Information as Provided in Section 3
- Wire to New Bank Information as Provided in Section 3
- Third Party*

If distribution is to be taken from additional funds, please attach a list of further distribution accounts.

Note: A Signature Guarantee is required to send proceeds to a third party.

Third Party Name _____

Third Party Address _____ City _____ State _____ Zip Code _____

3 Bank Information

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

- Add New Bank Information
- Change Existing Bank Information
- My existing bank information is no longer valid.
 - Checking Savings

We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

*Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

John Doe 53289
 Jane Doe
 123 Main St.
 Anywhere, USA 12345

Pay to the order of _____ \$ _____
 _____ DOLLARS

Memo _____ Signed _____

VOID

4 Date of Death (if applicable)

In order to accurately provide gain/loss detail on the 1099-B tax form we require the shareholder's date of death.

Date (MM/DD/YYYY)

5 Signature

I have received and understand the prospectus for my Quaker Funds ("the Fund") account. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Quaker Funds, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Redemption Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC & the Fund harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

Signature of Account Owner

Date (MM/DD/YYYY)

Authorized Signature Guarantee Stamp*

Signature of Joint Account Owner

Date (MM/DD/YYYY)

Authorized Signature Guarantee Stamp*

Signature of Trustee Custodian Authorized Signer Other*

Date (MM/DD/YYYY)

Authorized Signature Guarantee Stamp*

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

*Other: If someone other than the registered account owner is signing, please supply documentation verifying one of the following as the signer's capacity:

Administrator	Executor	Minor Who Has Reached Age of Majority	Surviving Joint Tenant
Conservator	General Partner	Personal Representative	Appropriate Person by Small Estate Affidavit
Corporate Officer	Guardian	Power of Attorney	

6 Dealer Information

Dealer's Name

Branch ID

Representative's Name

Representative's ID

Representative Branch Office Information:

Address

City

State

Zip Code

Telephone Number

For additional information please call toll-free 800-220-8888 or visit us on the web at www.quakerfunds.com.