



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., FL3  
Milwaukee, WI 53202-5207

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, or if you need a signature guarantee in Section 6 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 Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

## 2 Instructions to Current Custodian or Administrator

Please include a copy of your current account statement.

Current Custodian or Plan Administrator \_\_\_\_\_

Account Number \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below:\***

All Assets OR  \$ \_\_\_\_\_ OR \_\_\_\_\_ %

**Please process this request:\***  Immediately OR  At Maturity \_\_\_\_\_ *If no option is selected, please transfer all assets immediately.*  
Date (MM/DD/YYYY)

**Type of account being transferred/rolled-over:**

Pension  Profit Sharing Plan  401(k)  Roth 401(k)  Traditional IRA  
 SEP IRA  SIMPLE IRA  Roth IRA  Inherited IRA  Other \_\_\_\_\_

Original Roth IRA funding year (if applicable): \_\_\_\_\_

Original SIMPLE IRA funding date (if applicable): \_\_\_\_\_

**Send the check representing the assets payable to "The Quaker Investment Trust FBO [Shareholder's Name]" along with a copy of this form to the address at the top of page one.**

### 3 Investment Choices

- By Check:** Make check payable to the Quaker Investment Trust.
- By Wire:** Call 800-220-8888. Indicate the amount of wire. \$ \_\_\_\_\_  
*Note: A completed account application is required in advance of a wire.*

|  | Class A                        | Class C                        | Class I                        | Investment Amount |
|--|--------------------------------|--------------------------------|--------------------------------|-------------------|
| Quaker Event Arbitrage Fund            | <input type="checkbox"/> 1237  | <input type="checkbox"/> 1238  | <input type="checkbox"/> 1239  | \$ _____          |
| Quaker Global Tactical Allocation Fund | <input type="checkbox"/> 2215  | <input type="checkbox"/> 2216  | <input type="checkbox"/> 2217  | \$ _____          |
| Quaker Mid-Cap Value Fund              | <input type="checkbox"/> 1883  | <input type="checkbox"/> 1885  | <input type="checkbox"/> 1886  | \$ _____          |
| Quaker Small-Cap Value Fund            | <input type="checkbox"/> 1887  | <input type="checkbox"/> 1889  | <input type="checkbox"/> 1890  | \$ _____          |
| Quaker Strategic Growth Fund           | <input type="checkbox"/> 1865  | <input type="checkbox"/> 1867  | <input type="checkbox"/> 1868  | \$ _____          |
| Other: _____                           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | \$ _____          |

*If an account has not been funded within 90 days, it will automatically be closed.*

### 4 Age 70½ Information

Check one of the following:

- I am under the age of 70½ and do not turn 70½ at anytime during this 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 there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

### 5 Conversion of Traditional IRA to Roth IRA - Optional

I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account. I understand this may be a taxable event. By signing below I agree that I am solely responsible for all tax consequences of this conversion.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date (MM/DD/YYYY)

*The Fund's Transfer Agent cannot process the conversion without a signature above.*

## 6 Signature

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.

\_\_\_\_\_  
Signature of Owner (or Guardian is IRA Owner is a Minor)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature Guarantee\* (For Transfers From Another Custodian)


**IMPORTANT: Please contact your current Custodian to determine if a signature guarantee is required.**

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 your signature. 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



## 8 Dealer Information

\_\_\_\_\_  
Dealer's Name

\_\_\_\_\_  
Representative's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Dealer's ID

\_\_\_\_\_  
Branch ID

\_\_\_\_\_  
Representative's ID



Check here for purchase at NAV

### Dealer Head Office Information:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Rep's Code

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

For additional information please call toll-free 800-220-8888 or visit us on the web at [www.quakerfunds.com](http://www.quakerfunds.com)

**Mail to:**

Quaker Funds, Inc.  
c/o U.S. Bancorp Fund Services, LLC.  
PO Box 701  
Milwaukee, WI 53201-0701  
800-220-8888  
[www.quakerfunds.com](http://www.quakerfunds.com)

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