

# The Archer Funds

Send completed forms to:  
Mutual Shareholder Services, LLC  
Attn: The Archer Funds  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

## IRA TRANSFER OR DIRECT ROLLOVER REQUEST FORM

Please print or type

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Account Number \_\_\_\_\_

### TRANSFER/DIRECT ROLLOVER REQUEST

I have established an IRA with The Archer Funds of which Huntington Bank serves as Custodian.

I request that my retirement funds be: (check one)

\_\_\_\_\_ Transferred from another IRA

\_\_\_\_\_ Directly rolled over from my employer-sponsored retirement plan.

\_\_\_\_\_ Transferred from a SIMPLE IRA (SAR)\*

Transfer assets to:

\_\_\_\_\_ Archer Balanced Fund \$ \_\_\_\_\_

\_\_\_\_\_ Archer Stock Fund \$ \_\_\_\_\_

\_\_\_\_\_ Archer Income Fund \$ \_\_\_\_\_

I authorize my present Custodian/Trustee of IRA, or the administrator of my current retirement plan, to directly send the assets indicated in #3 of Fund Automatic Investment (ACH) Form below to my IRA with The Archer Funds.

Name of present Custodian, Trustee, or Employer Plan Administrator \_\_\_\_\_ Account# \_\_\_\_\_

*Please include a copy of your latest IRA statement.*

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA)

If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

### PAYMENT INFORMATION

Payment Schedule. I authorize and direct you to send my assets as follows:

(1) \_\_\_\_\_ Immediately liquidate all assets and send the cash proceeds

(2) \_\_\_\_\_ Send cash proceeds of all investments at maturity

(3) \_\_\_\_\_ Send the assets at maturity for the investments listed below

Investment \_\_\_\_\_ Maturity Date (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(4) \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conduit IRA - Do you want these funds kept in a separate IRA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Source of funds \_\_\_\_\_ IRA \_\_\_\_\_ SIMPLE IRA (SRA) \_\_\_\_\_ QP/TSA

### AGE 70 1/2 INFORMATION

Check one of the following

\_\_\_\_\_ I am *under age 70 1/2* and do not turn age 70 1/2 at any time during the calendar year.

\_\_\_\_\_ I am *70 1/2 or older* and understand that no part of my required distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties resulting if I do transfer or roll over any part of my required distribution.

### SIGNATURES AND CERTIFICATIONS

I certify that I have established an IRA with The Archer Funds, of which Huntington Bank is the Custodian. I agree to contact my present Custodian that I am transferring from to determine if specific documentation or 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 cannot provide legal advice and I agree to consult my own tax professions for advice.

Signature of Individual \_\_\_\_\_

Date \_\_\_\_\_

Signature of Custodian \_\_\_\_\_

Date \_\_\_\_\_

(You may wish to retain a copy of this form for your records)

TO BE COMPLETED BY A Huntington Bank REPRESENTATIVE (For office use only).for The Archer Funds here by confirms that it has accepted its appointment as Custodian of The Archer Funds IRA .Make checks payable to: The Archer Funds, FBO \_\_\_\_\_

Signature

Title

Date

# The Archer Funds

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8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44

## FUND AUTOMATIC INVESTMENT (ACH) FORM

Please print or type

### 1. ACCOUNT INFORMATION

Account Holder Name(s): \_\_\_\_\_

Account Number: \_\_\_\_\_  
(Leave blank if form accompanies new application)

### 2. TRANSFERS (\$50 Minimum)

Transfer the amount of \$ \_\_\_\_\_ TO the account listed above on the frequency selected below.

Please select on option

\_\_\_\_\_ Monthly beginning on the 10<sup>th</sup> of \_\_\_\_\_ (insert month)  
\_\_\_\_\_ Quarterly beginning on the 10<sup>th</sup> of \_\_\_\_\_ (insert month)  
\_\_\_\_\_ Annually beginning on the 10<sup>th</sup> of \_\_\_\_\_ (insert month)

Please select which fund:

Archer Balanced Fund \$ \_\_\_\_\_ (or %)  
Archer Stock Fund \$ \_\_\_\_\_ (or %)  
Archer Income Fund \$ \_\_\_\_\_ (or %)

### 3. BANK INFORMATION

Please complete with your bank information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

ABA Transit Routing Number (Bank): \_\_\_\_\_

**Please attach a copy of a voided check (checking account) or a pre-printed deposit slip (savings account) from the bank to enable transfer of funds.**

I hereby authorize Mutual Shareholder Services, LLC upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Mutual Shareholder Services, LLC*** in such time and manner as to afford Mutual Shareholder Services, LLC and the bank a reasonable opportunity to act upon it.

\_\_\_\_\_  
Signature of Primary Account Holder Date

\_\_\_\_\_  
Signature of Additional Account Holder Date

#### **For Joint Account Registrations:**

If the name(s) on your bank account in Section 1 are not identical to the mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

\_\_\_\_\_  
Bank Account Owner's Name

\_\_\_\_\_  
Bank Account Owner's Signature Date