



REGULAR ACCOUNT TRANSFER REQUEST FORM

**The Transfer Request Form is used to facilitate the transfer of assets between two regular non-retirement accounts. This form should not be used to facilitate a IRA account transfer or a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 855-261-0104. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

| | | | | |
|---|-------------|----------------|-------------------------|-----------|
| Owner's Name* (First, M.I., Last) | | Date of Birth* | Social Security Number* | |
| Street Address (Physical Address)* | Apartment # | City* | State* | Zip Code* |
| Mailing Address (if different from above) | | City | State | Zip Code |
| Daytime Phone* | | Evening Phone | | |

PART II: CURRENT TRUSTEE, CUSTODIAN OR ISSUER

| | | | | |
|---|--------------------------------------|--|---------------------------------------|---|
| Name of Current Trustee/Custodian/Issuer* | | Current Account/Plan Number/Fund Name* | | |
| P. O. Box* | Suite # | City* | State* | Zip Code* |
| Name of Contact* | | Contact's Phone Number* | | |
| Type of Account: | <input type="checkbox"/> Individual | <input type="checkbox"/> Joint | <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Corporate |
| | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> Securities | <input type="checkbox"/> Money Market | <input type="checkbox"/> CD (Immediately/At Maturity) |
| | | | | <input type="checkbox"/> Trust |

***Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number _____

Transfer Allocation

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

| Name of Investment | Percentage |
|--|------------|
| Meritage Value Equity Fund – Institutional Class | % |
| Meritage Growth Equity Fund – Investor Class | % |
| Meritage Growth Equity Fund – Institutional Class | % |
| Meritage Yield-Focus Equity Fund – Investor Class | % |
| Meritage Yield-Focus Equity Fund – Institutional Class | % |

PART IV: LIQUIDATION INSTRUCTIONS

I authorize and direct the current Trustee, Custodian or Issuer to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new Account Trustee/Custodian identified below.

- Partially liquidate \$ _____ of the current account and send the proceeds to the new account Trustee/Custodian identified below.
(Note to Owner: Attach additional written liquidation instructions, if necessary.)

- Other (describe): _____

***Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Meritage Funds: FBO _____
(Investor’s Name)

Please mail check to:

Regular Mail Delivery
 Meritage Funds
 P.O. Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery
 Meritage Funds
 225 Pictoria Drive, Suite 450
 Cincinnati, OH 45246

PART V: ACKNOWLEDGEMENTS

By signing this *Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer my assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of A Owner (or other authorized person): X _____ Date: _____

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Meritage Funds
 P.O. Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery
 Meritage Funds
 225 Pictoria Drive, Suite 450
 Cincinnati, OH 45246