

Polynous Growth Fund

INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR TRANSFER

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account. **WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-528-8069.

To transfer funds from an IRA with another financial institution, complete a New Account Agreement (unless the proceeds will purchase shares in an existing account) and this Request for Transfer Form. We will establish your IRA and send a letter of acceptance to the financial institution currently holding your IRA to complete the transfer.

PART I: INVESTOR INFORMATION (* Denotes Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien (Country) _____	Daytime Phone	Evening Phone	
		<input type="text"/>	<input type="text"/>	

PART II: INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING

Firm Currently Holding Your IRA	Name on Account		
<input type="text"/>	<input type="text"/>		
Address	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Name of Contact	Contact's Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PLEASE ATTACH A STATEMENT FOR THE IRA YOU ARE TRANSFERRING

A. Type of IRA (Check only one)

- Traditional IRA Rollover IRA SEP-IRA Roth Contribution IRA Roth Conversion IRA

B. Investment Type (Check only one)

- Transfer of assets from another financial institution (Complete New Account Agreement).
 Transfer of assets from another financial institution to Roth Conversion IRA (Complete New Account Agreement and Withholding Instructions section of this form.)
 Transfer In Kind – Regarding your existing IRA, provide the:

Fund Name	Account Number
<input type="text"/>	<input type="text"/>

PART III: TRANSFER INSTRUCTIONS

Check One:

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

Transfer Allocation

List the fund(s) into which proceeds will be transferred. Using whole percentages, the total must add up to 100%.

FUND CHOICE

- Polynous Growth Fund

PERCENTAGE

	<input type="text"/>	%
TOTAL	<input type="text"/>	%

PART IV: TRANSFER INSTRUCTIONS TO THE FINANCIAL INSTITUTION CURRENTLY HOLDING YOUR IRA

Check All That Apply:

- Transfer entire balance Liquidate immediately
 Transfer only \$ _____ Liquidate at Maturity Date ____/____/____
 Transfer in kind

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.

If you choose to wire-transfer your funds, contact Shareholder Services for instructions.

PART V: WITHHOLDING INSTRUCTIONS FOR ROTH CONVERSION IRA

When converting all or a portion of your IRA to a Roth Conversion IRA, the conversion amount is a taxable distribution. IRS regulations require the financial institution currently holding your IRA to withhold federal income tax from the amount you convert unless you do not want withholding to occur. The minimum withholding rate is 10%. Indicate your withholding election below:

- Withhold 10% Withhold - _____% Do Not Withhold

IRS Reporting. For IRS reporting purposes I am (check one): Less than age 59½ Age 59½ or older

PART VI: INVESTOR SIGNATURE

To the Financial Institution currently holding my IRA:

I certify that I have established an IRA with Unified Financial Securities, Inc. I agree to contact my present Custodian/Trustee that I am transferring from 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 Unified Financial Securities, Inc. harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that Unified Financial Securities, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

X

Investor's Signature

Date

PART VII: SIGNATURE GUARANTEE (IF REQUIRED BY CURRENT FINANCIAL INSTITUTION)

A signature guarantee is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above.

SIGNATURE
GUARANTEE

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

PART VIII: CUSTODIAN ACCEPTANCE – TO BE COMPLETED BY THE NEW CUSTODIAN

Unified Financial Securities accepts appointment as Custodian and accepts the transfer described in this form. Please transfer all or part of the designated account(s) as instructed. Make the check payable to Polynous Growth Fund and mail to one of the addresses below.

Third party checks are not acceptable.

X

Custodian's Signature

Date

Title

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Polynous Growth Fund
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
Polynous Growth Fund
431 N. Pennsylvania Street
Indianapolis, IN 46204