

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 1-866-954-6682. 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:	Individual	Joint	UGMA/UTMA	Corporate
	Mutual Fund	Securities	Money Market	Trust CD (Immediately/At Maturity)

***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
1. Golub Group Equity Fund	%

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: Golub Group Equity Fund: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
Golub Group Equity Fund
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Golub Group Equity Fund
225 Pictoria Dr, 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
Golub Group Equity Fund
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Golub Group Equity Fund
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246