

# Redemption Form

## 1 Name and Address (Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day Ph. \_\_\_\_\_

Name of Fund \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 2 Distribution Instructions (choose one only)

- Total Distribution – liquidate the account(s) indicated above
- Partial Distribution – Distribute \$ \_\_\_\_\_
- Periodic Distributions – Distribute \$ \_\_\_\_\_ on the last business day of :
  - Each month
  - March, June, September, and December (Quarterly)
  - December (Annually)

## 3 Federal Tax Withholding (retirement accounts only)

- Do Not Withhold any taxes
  - Withhold \_\_\_\_\_ % or \_\_\_\_\_ (amount)
- \*\*If no amount is specified, the IRS requires that 10% be withheld.**

## 4 Your Signature

By signing below, I hereby release the Custodian, fund advisor, Ultimus Fund Solutions LLC, and their successors and assigns and their respective officers, employees, agents, and affiliates from any and all liability in the performance of the acts instructed herein.

\_\_\_\_\_  
Signature of Account holder Date

## 5 Signature Guarantee

A signature guarantee is required when redemption proceeds are being directed to an address other than that on file with the fund. For other signature guarantee requirements, see the fund prospectus for details.

**Return completed form to:**  
Shareholder Services  
P.O. Box 46707  
Cincinnati, OH 45246-0707

Affix Signature Guarantee Here