

REGULAR ACCOUNT TRANSFER REQUEST FORM

Rational Funds

**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 an 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 1-800-253-0412. 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/Tax ID Number * _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different than above) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

Co-Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number/Tax ID Number * _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Co-Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number/Tax ID Number * _____

Street Address (Physical Address)* _____ Apt # _____ 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 Trust
 Mutual Fund Securities Money Market 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%.

FUND CHOICE:

Name of Investment	Class A Shares	Institutional Shares	Class C Shares
Rational Dividend Capture Fund	_____	_____	_____
Rational Risk Managed Emerging Markets Fund	_____	_____	_____ N/A _____
Rational Real Strategies Fund	_____	_____	_____ N/A _____
Rational Defensive Growth Fund	_____	_____	_____
Rational Strategic Allocation Fund	_____	_____ N/A _____	_____ N/A _____
TOTAL:	_____	_____	_____

PART IV: LIQUIDATION/TRANSFER INSTRUCTIONS

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

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

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

- Transfer-in-kind

- 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: Rational Funds: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Rational Funds
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Rational Funds
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208

PART V: ACKNOWLEDGEMENTS AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

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 Owner (or other Authorized Person):

X _____ Date: _____

A New Technology Medallion Signature Guarantee Stamp 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 charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

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



MAILING INSTRUCTIONS

Please send completed form to:

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Indianapolis, IN 46206-6110

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