AVE MARIA
MUTUAL FUNDS

Account Redemption

For assistance in completing this form please call **1-888-726-9331**

1   ACCOUNT INFORMATION

Account Number(s)

Account Owner's Name

Joint Account Owner Name (If Applicable)

Social Security #

Birthdate

Phone

Street Address

City

State

Zip

2   DISTRIBUTION INSTRUCTIONS (Select One)

A check will be sent to the address of record unless other instructions are provided in **Special Instructions** below. Alternate instructions may require a **Medallion Signature Guarantee** stamp.

☐ **TOTAL DISTRIBUTION**
Liquidate the account(s) indicated above

☐ **PARTIAL DISTRIBUTION – One Time Only**

Distribute $ _____

Special Instructions

_____

_____

_____

3   FEDERAL TAX WITHHOLDING (Retirement Accounts Only)

If you do not designate an amount, 10% will be withheld

☐ **Do not withhold taxes**   ☐ **Withhold** _____ % **or** $ _____

4   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.

Account Owner

Date

5   SIGNATURE GUARANTEE (If Required)

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.

Affix Signature Guarantee Here

Mail completed form to: **Ave Maria Mutual Funds**
c/o Shareholder Services
P.O. Box 46707
Cincinnati, OH 45246-0707