

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

This form allows an individual/joint account holder(s) to specify a beneficiary as recipient of the account upon death of the owner(s).

This requires a change in the registration on the account.

ACCOUNT INFORMATION					
Account Owner's Name					
Account Number		Phone Number			
BENEFICIARY INFORMATIO	N				
Beneficiary Name	Birthdate	Social Security #	Share %	Primary	Conting
Delicitary Name	Diffidate	Social Security #	Sildie /0	Timiary	Contant
Once the account information	has been updated, the	registration will app	ear as follows:		
<br 1	Name of account own FOD <name benefi<="" of="" td=""><td>ner(s)> ciary></td><td></td><td></td><td></td></name>	ner(s)> ciary>			
Transfer-on-death (TOD) laws vary by state. Please consulf there is a dispute regarding the right of a TOD benefic the dispensation of the assets.	ılt an attorney licensed ir siary to receive assets pu	your state for detaile ursuant to this TOD re	d advice regarding y gistration, your stat	our TOD re es' laws c	egistra ould e
Until the death of the shareholder, the beneficiary holds i	no ownership interest ov	er the account. The ac	count holder may ch	nange the	desigr
beneficiary at any time.					
, ,					
beneficiary at any time. Sign and date below to authorize the change. SIGNATURES (Please sign exactly as account is	registered)				
Sign and date below to authorize the change.	registered)		Date		

Mail completed form to: Ave Maria Mutual Funds or fax: 513-587-3438

c/o Shareholder Services P.O. Box 46707 Cincinnati, OH 45246-0707