



403(b)
TRANSFER REQUEST

This 403(b) Transfer Request form gathers information necessary to facility a direct transfer of assets from an existing 403(b) arrangement to a Non-Title I 403(b)(7) Custodial Account established with Unified Financial Securities, Inc. If you have any questions regarding this transfer form, please call Shareholder Services at 1-800-238-7701.

PART I: INVESTOR INFORMATION (\* Denotes Required Information)

Owner s Name\* (First, M.I., Last) Date of Birth\* Social Security Number\*
Owner s Street Address (Physical Address)\* Apt # City\* State\* Zip Code\*
Daytime Phone Evening Phone
U.S. Citizen Resident Alien (Country)

PART II: INFORMATION REGARDING CURRENT 403(B) TRUSTEE, CUSTODIAN OR ISSUER

Name of Current Trustee, Custodian or Issuer Name of Contact\*
Street Address (Physical Address)\* Suite # City\* State\* Zip Code\*
Current Account or Annuity Contract Number Daytime Phone Evening Phone

PART III: INSTRUCTIONS TO CURRENT 403(b) TRUSTEE, CUSTODIAN OR ISSUER

A 403(b)(7) Custodial Account has been established in my name with Unified Financial Securities, Inc. I hereby direct you to transfer all or a portion of my 403(b) assets in the account or contract identified above to Unified Financial Securities Inc. in the manner described below:

- Liquidate and transfer the total asset value/cash surrender value of my current 403(b) arrangement.
Liquidate and transfer \$ or % of my current 403(b) arrangement and retain the balance.\*

\*For partial transfers, indicate which investment(s) are to be liquidated on a separate sheet and attaché it to this form.

PART IV: INVESTMENT SELECTION

Next to the fund name, indicate the amount of your investment.

A. FUND CHOICE:

- Archer Balanced Fund

TOTAL INVESTMENT AMOUNT:

\$

## PART V: INVESTOR SIGNATURE

I certify that I am of legal age and capacity and am authorized to purchase shares. I have received and read the current prospectus for the Archer Balanced Fund and agree to be bound by its terms and conditions. By signing this 403(b) Transfer Request form, I certify that the information provided is true and correct and I authorize the Trustee, Custodian or Issuer of my current 403(b) arrangement to liquidate and transfer all or a portion of my current 403(b) arrangement as instructed above. I understand that the rules governing the tax-free transfer of 403(b) assets from one account or contract to another are complex and I assume full responsibility for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that may arise as a result of my actions. I indemnify and hold the current trustee, custodian or issuer of my 403(b) arrangement 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 by Unified Financial Securities, Inc. or the current trustee, custodian or issuer of my 403(b) arrangement. I understand that if I am over age 70-1/2 and subject to the federal required minimum distribution rules I may not transfer any required distribution amounts and certify that the amount transferred does not include any such required distribution amounts.

\_\_\_\_\_  
Investor's Signature

\_\_\_\_\_  
Date

## PART VI: SIGNATURE OF RECEIVING CUSTODIAN

Unified Financial Securities Inc, as Custodian of the receiving 403(b) arrangement, agrees to accept the transfer as instructed above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## MAILING INSTRUCTIONS

Please send completed form to:

**Regular Mail Delivery**  
Archer Balanced Fund  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Archer Balanced Fund  
431 N. Pennsylvania Street  
Indianapolis, IN 46204

Please make check payable as follows: Archer Balanced Fund: FBO \_\_\_\_\_ 403(b)  
Investor's Name