

PINNACLE VALUE FUND IRA TRANSFER/ROLLOVER REQUEST

Use this form to transfer or rollover your IRA to the Pinnacle Value Fund from another institution. Please enclose a recent copy of your current account statement. An IRA application must also be completed if this is a new account. Please call us toll free at (877) 369-3705 with any questions. When complete, mail this form, application and statement to:

PINNACLE VALUE FUND
C/O MUTUAL SHAREHOLDER SERVICES
8000 Town Centre Drive, SUITE 400
BROADVIEW HEIGHTS, OH 44147

YOUR NAME

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
BUSINESS PHONE () _____ HOME() _____

PRESENT TRUSTEE/CUSTODIAN

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
ACCOUNT NUMBER _____

AUTHORIZATION FOR TRANSFER

TO THE CUSTODIAN/TRUSTEE OF MY EXISTING IRA: PLEASE LIQUIDATE AND TRANSFER:

- \$ _____ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR UPON MATURITY

SIGNATURE _____
DATE ____/____/____

AUTHORIZATION FOR DIRECT ROLLOVER

TO THE CUSTODIAN/TRUSTEE OF MY EXISTING IRA: PLEASE LIQUIDATE AND ROLLOVER:

- \$ _____ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR UPON MATURITY

SIGNATURE _____
DATE ____/____/____

WHERE TO INVEST YOUR IRA

- I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.
- PLEASE DEPOSIT IN MY EXISTING IRA:

ACCOUNT# _____

IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:

NAME OF BANK OR FIRM _____
SIGNATURE OF OFFICER _____
TITLE OF OFFICER _____

**TO BE COMPLETED BY US BANK, CUSTODIAN FOR PINNACLE VALUE FUND
ACCEPTANCE OF APPOINTMENT**

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Pinnacle Value Fund. To ensure proper crediting, please return the check made payable to:

PINNACLE VALUE FUND FBO _____

MAIL TO:

PINNACLE VALUE FUND
C/O MUTUAL SHAREHOLDER SERVICES
8000 TOWN CENTRE DRIVE, SUITE 400
BROADVIEW HEIGHTS, OH 44141

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

CUSTODIAN/TRUSTEE SIGNATURE _____ DATE _____