

# REGULAR ACCOUNT TRANSFER REQUEST FORM



**SYMONS**  
CAPITAL MANAGEMENT

*\*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 a 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 1-877-6SYMONS. 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/Trustee Name* (First, M.I., Last) | Date of Birth* | Social Security Number/Tax ID Number* |  |
|--|----------------|---------------------------------------|--|

|  |       |        |           |
|--|-------|--------|-----------|
| Street Address (Physical Address)* Apartment # | City* | State* | Zip Code* |
|--|-------|--------|-----------|

|   |      |       |          |
|---|------|-------|----------|
| Mailing Address (if different from above) | City | State | Zip Code |
|---|------|-------|----------|

|                |               |
|----------------|---------------|
| Daytime Phone* | Evening Phone |
|----------------|---------------|

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

|  |       |        |           |
|--|-------|--------|-----------|
| Street Address (Physical Address)* Apartment # | City* | State* | Zip Code* |
|--|-------|--------|-----------|

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

|  |       |        |           |
|--|-------|--------|-----------|
| Street Address (Physical Address)* Apartment # | 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**

Indicate in percentage the breakdown of the transfer. The Symons Value Institutional Fund's initial investment minimum is \$5,000. The Symons Concentrated Small Cap Value Institutional Fund's initial investment minimum is \$1,000,000.

| Name of Investment  | Amount        |
|---|---------------|
| 1. Symons Value Institutional Fund                        | _____ %       |
| 2. Symons Concentrated Small Cap Value Institutional Fund | _____ % _____ |

**PART IV: LIQUIDATION/TRANSFER INSTRUCTIONS**

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

- Immediately liquidate all assets and send the cash proceeds to the new Account Trustee/Custodian identified below.  
\_\_\_\_\_
- Partially liquidate \$ \_\_\_\_\_ of the current account and send the proceeds to the new account Trustee/Custodian identified below.  
(Note to 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.

**PART IV: LIQUIDATION/TRANSFER INSTRUCTIONS (CONTINUED)**

Please send proceeds by check:

Make check payable as follows: Symons Institutional Funds.: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
Symons Institutional Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Symons Institutional Funds  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246

**PART V: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP (IF REQUIRED BY THE CURRENT ISSUER)**

A **Medallion Signature Guarantee Stamp** is designed to protect the investor 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:** Stamps from notaries public, savings and loan associations, or saving banks are not acceptable substitutes for the Medallion Signature Guarantee.



**PART VI: ACKNOWLEDGEMENTS**

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 A Owner (or other authorized person): X \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

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Symons Institutional Fund  
P.O. Box 46707  
Cincinnati, OH 45246-0707

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