

Adirondack Funds Transfer Request

Use this form when transferring assets directly to an Adirondack Funds account from another institution. A recent copy of your current account statement would be appreciated. A regular (non-IRA) account application must also be completed if this is a new account. DO NOT use this form for IRA transfers, distributions or conversions of any kind.

Mail to: Adirondack Funds C/O
Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147



For help with this form call:
1(888)686-2729 toll free

ACCOUNT INFORMATION *(please print)*

NAME

ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY

PRESENT TRUSTEE INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

ACCOUNT NUMBER

ACCOUNT DESCRIPTION (FUND NAME, CD, ETC.)

WHERE TO INVEST YOUR ASSETS

- I am opening a new account and have attached an application.
- Please deposit funds in my existing account.

Account #: _____

AUTHORIZATION FOR TRANSFER

To the custodian or trustee of my existing account, please liquidate and transfer:

- \$ _____, or
- The entire balance
- Immediately, or Upon maturity

Signature

Date

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 OFFICER

TITLE OF OFFICER

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 Adirondack Funds. To ensure proper crediting, please return the check made payable to:

Adirondack Funds FBO _____

Mail to: Adirondack Funds C/O
Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

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 SIGNATURE

DATE