

IRA Transfer Form

It's easy to fill out this application. Just complete all relevant sections, sign in ink, return your completed application to Epiphany Funds and keep a copy for your records.

Use this form to transfer or rollover funds from an existing retirement account (IRA, 401(k), 403(b), etc.) to an Epiphany Funds IRA.

If you do not already have an account established with Epiphany Funds, you will also need to fill out an IRA Application.

1. INVESTOR INFORMATION

Please complete the information as it should appear on your account.

2. INSTRUCTIONS TO CURRENT IRA CUSTODIAN OR PLAN ADMINISTRATOR

Please complete this section with the requested information and authorization information.

3. INVESTMENT CHOICES

Please fill out requested information on IRA account.

4. AGE 70 ½ INFORMATION

Please check the appropriate box.

5. CONVERSION OF TRADITIONAL IRA TO ROTH IRA

Please check if converting your Traditional IRA.

6. SIGNATURE AND CERTIFICATION

Please be sure to read the agreement and sign your application in ink.

7. MAIL APPLICATION

Please mail signed application to:

EPIPHANY FUNDS
C/O MATRIX CAPITAL GROUP
630-A FITZWATERTOWN ROAD 2ND FLOOR
WILLOW GROVE, PA 19090
TOLL FREE 800-320-2185
www.epiphanyfund.com

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, Epiphany reserves the right to redeem your account at the current day's net asset value. Epiphany will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from closing your account.



IRA Transfer Form

If this is for a new IRA Account, an IRA Application must accompany this form.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account.

1. Investor Information

Name (First, MI, Last)		Date of Birth (Mo/ Day / Yr)	
Social Security Number	Driver's License or State ID Number	State of Issue	
Address	City	State	Zip
Daytime Phone Number	Evening Phone Number		

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current statement. * **Please liquidate all assets if no selections are made.**

Current Custodian or Plan Administrator			
Account Number	Contact Person	Contact Number	
Address	City	State	Zip

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

All Assets **OR** \$ _____ or _____%

Please process this request:

Immediately **OR** At maturity _____
(Mo / Day / Yr)

Note: There may be penalties for withdrawing certain investments before their maturity (i.e. certificates of deposit or annuities.) Please contact your current custodian or plan administrator to determine the applicable penalty, if any. Please send all transfer requests **at least three (3) weeks** before maturity to allow for proper time limitations.

Send the check representing the assets payable to **"Epiphany Funds"** along with a copy of this form to:

Epiphany Funds
 FBO [Shareholder Name]
 [Account Number]
 c/o Matrix Capital Group, Inc.
 630-A FITZWATERTOWN ROAD 2ND FLOOR
 WILLOW GROVE, PA 19090-1904



3. Investment Choices

A Fund IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

Account Number (if applicable)

New Existing _____ \$ _____ OR _____ %

4. Age 70 ½ Information

Please check one of the following:

I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year.

OR

I am age 70 ½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

5. Conversion of Traditional IRA to Roth IRA

Check here if you are distributing assets from a Traditional IRA with the intent of establishing a Roth IRA.

6. Signature and Certification

I certify that I have established an IRA with Epiphany Funds, which Huntington National Bank is the Custodian. I agree to contact my present Custodian from whom I am transferring, to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize Matrix Capital Group, Inc. to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

Signature of Owner (or Guardian if IRA Owner is a Minor)

Date (Mo / Day / Yr)

Signature Guarantee* (For Transfers from another Custodian)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

* A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. **Please note that a Notary Public Seal or Stamp is not acceptable.**

Acceptance / Custodian Authorization

Huntington National Bank hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in an Epiphany Fund IRA on behalf of the Depositor authorizing this transfer or direct rollover.

Matrix Capital Group, Inc. as Agent for Huntington National Bank.