



NON-QUALIFIED ASSET TRANSFER

To transfer assets to a Emerald Mutual Funds account with individual or joint registration. If you're establishing a new account, please attach a completed Emerald Mutual Funds application form. **Do not use this form to transfer Tax Qualified Retirement Plans.**

SECTION 1: Account Information

Account Number Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence (Required) - P.O. Box not accepted City, State, Zip

Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip

() ()
Day Phone Evening Phone E-mail Address

SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 6. Attach a copy of the current account statement.

Type of Plan Being Transferred/Rolled Over

Current Trustee/Custodian/Employer/Plan Administrator Account Number

Address of Custodian (Required) - P.O. Box not accepted City, State, Zip

Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip

() ()
Day Phone Evening Phone

SECTION 3: Investment Selection

Note: The Emerald Mutual Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement.

Type of investment:
 Mutual Fund Bank Account CD Other _____

Type of Account:
 Individual Joint Other _____

Redemption Instructions:
 Mutual Fund

Please redeem _____% shares.
 Please redeem _____ shares in kind (Emerald Mutual Funds shares only)
 All full and fractional shares \$_____ worth of shares

Type of Account:
 Individual Joint Other _____

Note: No Tax Qualified Retirement Accounts
 Bank Account Please withdraw \$_____ CD: Date of Maturity _____
 All full and fractional shares Other _____

SECTION 4: Your Financial Representative

Name of Firm _____ Branch Address City, State, Zip Code _____

Firm Branch Number _____ Representative's Name, Number and Telephone _____

City, State, Zip Code _____

For assistance in completing this form, call the Emerald Mutual Funds at 1-855-828-9909.

SECTION 5: Transfer Instructions

Note: The Emerald Mutual Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement. Please make check payable to the Emerald Mutual Funds.

FBO (Account Owner's Name) _____ Social Security # _____

Investment Allocation

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
Total			\$ _____		100	%

Please sign below exactly as your name(s) appear on the account you are redeeming/transferring from. All account owners must sign.

Signature _____ Date (MM/DD/YY) _____

Signature _____ Date (MM/DD/YY) _____

Daytime Telephone Number _____

SECTION 6: Signature Guarantee

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - Savings Associations
 - Trust Companies

Bank or Dealer Firm _____ Officer's Title _____

Officer's Signature _____ Date (MM/DD/YY) _____

[STAMP]

SECTION 6: Signature Guarantee (continued)

Investor Instruction to Emerald Mutual Funds:

- Please open a new Emerald Mutual Funds account for me. I have attached the appropriate application documents to this form.
- Please deposit the proceeds to my existing account:

Emerald Mutual Funds Investment Type

Emerald Mutual Funds Account Number

Amount

Please mail completed form to:

Regular Mail:

Emerald Mutual Funds
PO. Box 8556
Denver, CO 80201

Overnight Mail:

Emerald Mutual Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-828-9909.