

RECHARACTERIZATION REQUEST FORM - (INTERNAL)

BETWEEN MOA FUNDS INDIVIDUAL RETIREMENT ACCOUNTS

Complete when recharacterizing a Traditional or Roth IRA contribution within MoA Funds.

PARTICIPANT INFORMATION

Name: _____ Daytime Telephone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

RECHARACTERIZATION INSTRUCTIONS

Use this form to recharacterize a Traditional or Roth Individual Retirement Account ("IRA") contribution between MoA Funds IRAs. If you do not have an existing Traditional IRA or Roth IRA to invest the recharacterized proceeds, you must complete a Traditional or Roth IRA Application and Adoption Agreement ("Application").

All or part of a contribution you make to your IRA, along with allocable earnings or losses, may be recharacterized and treated as if made to another IRA. For the purpose of the recharacterization, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the contribution. Recharacterization of a contribution is irrevocable and must be completed on or before the due date, including extensions, for filing your federal income tax return for the tax year for which the contribution was originally made.

A recharacterized contribution is reported as a distribution from the first IRA (reported on IRS Form 1099-R) and a recharacterization contribution to the second IRA (reported on IRS Form 5498) for the tax year in which the recharacterization occurs. The rules regarding recharacterization are complex and you should consult a professional tax advisor prior to any recharacterization. Please refer to IRS Publication 590-A for more information.

This form is not intended to facilitate Roth IRA conversions.

TRANSACTION TYPE - Select one of the following: (A or B)

- A. ☐ Recharacterize my **annual contribution** (plus allocable earnings) **from my Traditional IRA to a Roth IRA.**

Date of Contribution: _____ Amount to Recharacterize: \$ _____

From: Traditional IRA Account Number: _____

To: Roth IRA Account Number: _____ or ☐ Application attached

- B. ☐ Recharacterize my **annual contribution** (plus allocable earnings) **from my Roth IRA to a Traditional IRA.**

Date of Contribution: _____ Amount to Recharacterize: \$ _____

From: Roth IRA Account Number: _____

To: Traditional IRA Account Number: _____ or ☐ Application attached

RECHARACTERIZATION REQUEST FORM - (INTERNAL) continued

DISTRIBUTE RECHARACTERIZED AMOUNTS FROM THE FOLLOWING FUNDS:

| Fund Names | TA# | Percentage |
|----------------------------------|-------|------------|
| MoA Equity Index Fund | 0302 | _____ % |
| MoA All America Fund | 0303 | _____ % |
| MoA Small Cap Value Fund | 0305 | _____ % |
| MoA Small Cap Growth Fund | 0304 | _____ % |
| MoA Small Cap Equity Index Fund | 0307 | _____ % |
| MoA Mid Cap Value Fund | 0306 | _____ % |
| MoA Mid Cap Equity Index Fund | 0301 | _____ % |
| MoA Balanced Fund | 0300 | _____ % |
| MoA International Fund | 0308 | _____ % |
| MoA Catholic Values Index Fund | 0309 | _____ % |
| MoA US Gov Money Market Fund | 0100 | _____ % |
| MoA Intermediate Bond Fund | 0200 | _____ % |
| MoA Core Bond Fund | 0201 | _____ % |
| MoA Retirement Income Fund | 0500 | _____ % |
| MoA Clear Passage 2020 Fund | 0503 | _____ % |
| MoA Clear Passage 2025 Fund | 0504 | _____ % |
| MoA Clear Passage 2030 Fund | 0505 | _____ % |
| MoA Clear Passage 2035 Fund | 0506 | _____ % |
| MoA Clear Passage 2040 Fund | 0507 | _____ % |
| MoA Clear Passage 2045 Fund | 0508 | _____ % |
| MoA Clear Passage 2050 Fund | 0509 | _____ % |
| MoA Clear Passage 2055 Fund | 0510 | _____ % |
| MoA Clear Passage 2060 Fund | 0511 | _____ % |
| MoA Clear Passage 2065 Fund | 0512 | _____ % |
| MoA Clear Passage 2070 Fund | 0513 | _____ % |
| MoA Conservative Allocation Fund | 0400 | _____ % |
| MoA Moderate Allocation Fund | 0401 | _____ % |
| MoA Aggressive Allocation Fund | 0402 | _____ % |
| Other: _____ | _____ | _____ % |

Must equal 100%

REINVEST RECHARACTERIZED PROCEEDS INTO THE FOLLOWING FUNDS:

| Fund Names | TA# | Percentage |
|---------------------------------|------|------------|
| MoA Equity Index Fund | 0302 | _____ % |
| MoA All America Fund | 0303 | _____ % |
| MoA Small Cap Value Fund | 0305 | _____ % |
| MoA Small Cap Growth Fund | 0304 | _____ % |
| MoA Small Cap Equity Index Fund | 0307 | _____ % |
| MoA Mid Cap Value Fund | 0306 | _____ % |
| MoA Mid Cap Equity Index Fund | 0301 | _____ % |
| MoA Balanced Fund | 0300 | _____ % |

RECHARACTERIZATION REQUEST FORM - (INTERNAL) continued

| Fund Names | TA# | Percentage |
|----------------------------------|-------|------------|
| MoA International Fund | 0308 | _____ % |
| MoA Catholic Values Index Fund | 0309 | _____ % |
| MoA US Gov Money Market Fund | 0100 | _____ % |
| MoA Intermediate Bond Fund | 0200 | _____ % |
| MoA Core Bond Fund | 0201 | _____ % |
| MoA Retirement Income Fund | 0500 | _____ % |
| MoA Clear Passage 2020 Fund | 0503 | _____ % |
| MoA Clear Passage 2025 Fund | 0504 | _____ % |
| MoA Clear Passage 2030 Fund | 0505 | _____ % |
| MoA Clear Passage 2035 Fund | 0506 | _____ % |
| MoA Clear Passage 2040 Fund | 0507 | _____ % |
| MoA Clear Passage 2045 Fund | 0508 | _____ % |
| MoA Clear Passage 2050 Fund | 0509 | _____ % |
| MoA Clear Passage 2055 Fund | 0510 | _____ % |
| MoA Clear Passage 2060 Fund | 0511 | _____ % |
| MoA Clear Passage 2065 Fund | 0512 | _____ % |
| MoA Clear Passage 2070 Fund | 0513 | _____ % |
| MoA Conservative Allocation Fund | 0400 | _____ % |
| MoA Moderate Allocation Fund | 0401 | _____ % |
| MoA Aggressive Allocation Fund | 0402 | _____ % |
| Other: _____ | _____ | _____ % |

Must equal 100%

CERTIFICATION AND SIGNATURE

I authorize MoA Funds and BNY Mellon Investment Servicing Trust Company ("Custodian") to process this recharacterization request. I certify that I am the Participant authorized to make this election and that all information provided on this form is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, MoA Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election and agree that the Custodian, MoA Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

I have read and understand and agree to be legally bound by the terms of this form.

Participant's Signature: _____

Date: _____

Mail to the following:

First Class Mail:
MoA Funds
P.O. Box 534499
Pittsburgh, PA 15253-4499

Overnight Mail:
MoA Funds
ATTENTION: 534499
500 Ross Street 154-0520
Pittsburgh, PA 15262

Customer Service:
1-800-914-8716