

MoA Funds Cost Basis Election Form

Use this form to update the cost basis method on your non-retirement MoA Funds account.
 For more information, please visit moafunds.com or call us, toll-free at 800-914-8716. Financial Professionals, please call 1-888-776-5717.

1. Account Information (Please Print or Type)

If you wish to make changes to more than one account, please complete a separate Cost Basis Election for each account.

_____	_____	or	_____
Account Registration	Social Security Number		Tax Identification Number
_____	_____		_____
MoA Funds Account Number	Daytime Phone (Area Code + Number)		Evening Phone (Area Code + Number)

2. Cost Basis Election (Please select one of the following two options)

We encourage you to consult with your financial advisor or qualified tax advisor with questions about your specific situation and to determine the most suitable method for your situation.

Note: Specific Lot Depletion Method may also be used as a cost basis method. This method allows you to choose which tax lots are sold. Specific Lot Depletion Method cannot be selected as a default method. A shareholder that wishes to specify specific shares to be sold must contact Shareholder Services no later than the settlement dates of the redemption or exchange.

Option 1 – Please apply the following cost basis method to ALL funds in the account number listed above.

<input type="checkbox"/> Average Cost	<input type="checkbox"/> High Cost Long-Term – Sells Long-Term Shares first, then Short-Term
<input type="checkbox"/> FIFO – First In, First Out	<input type="checkbox"/> High Cost Short-Term – Sells Short-Term Shares first, then Long-Term
<input type="checkbox"/> LIFO – Last In, First Out	<input type="checkbox"/> Low Cost Long-Term – Sells Long-Term Shares first, then Short-Term
<input type="checkbox"/> HIFO – Highest Cost, First Out	<input type="checkbox"/> Low Cost Short-Term – Sells Short-Term Shares first, then Long-Term
<input type="checkbox"/> LOFO – Lowest Cost, First Out	

Option 2 – Please apply the cost basis method for each fund listed below.

_____	_____	<input type="checkbox"/> Average Cost	<input type="checkbox"/> High Cost Long-Term
Fund Number	Fund Name	<input type="checkbox"/> FIFO – First In, First Out	<input type="checkbox"/> High Cost Short-Term
		<input type="checkbox"/> LIFO – Last In, First Out	<input type="checkbox"/> Low Cost Long-Term
		<input type="checkbox"/> HIFO – Highest Cost, First Out	<input type="checkbox"/> Low Cost Short-Term
		<input type="checkbox"/> LOFO – Lowest Cost, First Out	
_____	_____	<input type="checkbox"/> Average Cost	<input type="checkbox"/> High Cost Long-Term
Fund Number	Fund Name	<input type="checkbox"/> FIFO – First In, First Out	<input type="checkbox"/> High Cost Short-Term
		<input type="checkbox"/> LIFO – Last In, First Out	<input type="checkbox"/> Low Cost Long-Term
		<input type="checkbox"/> HIFO – Highest Cost, First Out	<input type="checkbox"/> Low Cost Short-Term
		<input type="checkbox"/> LOFO – Lowest Cost, First Out	
_____	_____	<input type="checkbox"/> Average Cost	<input type="checkbox"/> High Cost Long-Term
Fund Number	Fund Name	<input type="checkbox"/> FIFO – First In, First Out	<input type="checkbox"/> High Cost Short-Term
		<input type="checkbox"/> LIFO – Last In, First Out	<input type="checkbox"/> Low Cost Long-Term
		<input type="checkbox"/> HIFO – Highest Cost, First Out	<input type="checkbox"/> Low Cost Short-Term
		<input type="checkbox"/> LOFO – Lowest Cost, First Out	
_____	_____	<input type="checkbox"/> Average Cost	<input type="checkbox"/> High Cost Long-Term
Fund Number	Fund Name	<input type="checkbox"/> FIFO – First In, First Out	<input type="checkbox"/> High Cost Short-Term
		<input type="checkbox"/> LIFO – Last In, First Out	<input type="checkbox"/> Low Cost Long-Term
		<input type="checkbox"/> HIFO – Highest Cost, First Out	<input type="checkbox"/> Low Cost Short-Term
		<input type="checkbox"/> LOFO – Lowest Cost, First Out	

3. Account Owner Authorization

_____	_____
Signature of Owner, Custodian, Trustee	Date (mm/dd/yyyy)
_____	_____
Signature of Joint Owner, Co-Trustee	Date (mm/dd/yyyy)

FOR ASSISTANCE CALL: 800-914-8716
 MAIL TO: MoA Funds, PO Box 182572 Columbus, OH 43218-2572
 OVERNIGHT TO: MoA Funds c/o FIS Investor Services 4249 Easton Way, Suite 400 Columbus, OH 43219

The MoA Funds are distributed by Foreside Fund Services, LLC.