

MoA Funds™ Incoming Transfer Form

Please use this form to request to have your Non-Retirement Accounts transferred to MoA Funds.
For assistance, please call 800-914-8716.

1. Shareholder Information (Please Print or Type)

All information in this section is required unless otherwise noted. Your transfer request may not be completed until such information is collected.

| | | | |
|---|------------------------------------|----------------------------|----------|
| Primary Owner Name (first/initial/last) | Social Security Number | Date of Birth (mm/dd/yyyy) | |
| Joint Owner Name (first/initial/last) | Social Security Number | Date of Birth (mm/dd/yyyy) | |
| Street Address | City | State | Zip Code |
| Email Address (optional) | Daytime Phone (Area Code + Number) | Evening Phone (optional) | |

2. Assets Being Transferred

MoA Funds needs this information in order to forward this form to the most appropriate address.

Please include a copy of a recent statement from the current custodian.

| | | | |
|----------------|----------------|----------------------------|----------|
| Company Name | Account Number | Phone (Area Code + Number) | |
| Street Address | City | State | Zip Code |

3. Transfer Instructions

The transfer will be invested according to the instructions on your New Account Application.

If assets will be deposited into an existing account at MoA Funds, please designate the account number and investment options in Section 4 of this form.

List the assets you are transferring to MoA Funds. We will contact your current custodian to arrange the transfer.

TOTAL TRANSFER AMOUNT \$ _____ (Required)

☐ **Complete 100% transfer from:** _____
Asset Description and Ticker/CUSIP Account Number

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to MoA Funds.)

☐ **Partial Transfer:** Liquidate only the following assets (if you are transferring more than four investments, please attach a separate sheet and check here ☐)

From: _____ Amount \$ _____ or _____ %
Asset Description and Ticker/CUSIP Account Number

From: _____ Amount \$ _____ or _____ %
Asset Description and Ticker/CUSIP Account Number

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to MoA Funds.)

☐ **MoA Funds In-Kind Transfer:** I currently own MoA Funds shares and do not wish to have them liquidated. Please transfer shares "in-kind" to an account held directly at MoA Funds.

Transfer: _____ Amount \$ _____ or _____ %
Name of MoA Fund and Ticker/CUSIP

Transfer: _____ Amount \$ _____ or _____ %
Name of MoA Fund and Ticker/CUSIP

4. Investment Selection

*If no fund is indicated, your investment will be made into the MoA US Gov Money Market Fund.

- ☐ Please deposit transfer proceeds into my new account at MoA Funds. **New account application enclosed.**
- ☐ Please deposit transfer proceeds into my existing account at MoA Funds: _____
Account Number

| Fund Name* | Fund Number | Allocation |
|------------|-------------|-------------------|
| _____ | _____ | \$_____ or _____% |
| _____ | _____ | \$_____ or _____% |
| _____ | _____ | \$_____ or _____% |
| _____ | _____ | \$_____ or _____% |

5. Signatures

Signature of Primary Owner

Date (mm/dd/yyyy)

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

Medallion Signature Guarantee
Your current institution may require a Medallion signature guarantee in order to process the transfer. Please check with your current institution before sending this form.

A Medallion signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange, or a savings association as defined by federal law. A notary public cannot provide a Medallion signature guarantee. Please affix Medallion signature guarantee ink stamp below with appropriate signature and title of officer, as well as the date. You should be able to obtain a Medallion signature guarantee from a bank, broker, broker/dealer, credit union, clearing agency, savings association or US consulate (if overseas).

Medallion Signature Guarantee Stamp
(for Primary Owner)

Medallion Signature Guarantee Stamp
(for Joint Owner if applicable)

6. Payment Instructions to Resigning Custodian

☐ **By Check**

Return this form and send redemption proceeds to:

Mailing Instructions

Starting on March 17, 2025, our mailing addresses will be as follows:

Regular Mail

MoA Funds
PO Box 534499
Pittsburgh, PA 15253-4499

Overnight Delivery

MoA Funds
Attention: 534499
500 Ross Street 154-0520
Pittsburgh, PA 15262

Wire Instructions

Starting on March 17, 2025, our wiring instructions will be as follows:

| | |
|--------------------|---|
| Bank: | Bank of New York |
| ABA NUMBER: | 011001234 |
| DDA: | 0000024821 |
| FBO: | MoA Funds |
| Reference: | Shareholder Name, Account Number, and Fund Name |

Make check payable to: MoA Funds TOA for

Owner Name

Social Security Number

Account Owner's Date (mm/dd/yyyy) of Original Participation

☐ **By Direct Transfer In-Kind.** Refer to Section 3 of this form.

☐ **By Wire.** I will call (800) 914-8716 for wire instructions (Fees may apply).

FOR ASSISTANCE CALL: 800-914-8716

REGULAR MAIL: MoA Funds, PO Box 534499, Pittsburgh, PA 15253- 4499

OVERNIGHT DELIVERY: MoA Funds, Attention: 534499, 500 Ross Street 154-0520, Pittsburgh, PA 15262

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