



# 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 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)

### Signature Guarantee

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

A 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 signature guarantee. Please affix signature guarantee ink stamp below with appropriate signature and title of officer, as well as the date. You should be able to obtain a signature guarantee from a bank, broker, broker/dealer, credit union, clearing agency, savings association or US consulate (if overseas).

\_\_\_\_\_  
Signature Guarantee Stamp (for Primary Owner)

\_\_\_\_\_  
Signature Guarantee Stamp (for Joint Owner if applicable)

## 6. Payment Instructions to Resigning Custodian

**By Check**

Return this form and send redemption proceeds to:

MoA Funds  
PO Box 182572  
Columbus, OH 43218-2572

**Express mail to:**

MoA Funds  
c/o FIS Investor Services  
4249 Easton Way, Suite 400  
Columbus, OH 43219

**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**

**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.