

MoA Funds™ Account Withdrawal Form

Use this form to request a withdrawal from or to obtain inherited assets from an non-IRA MoA Funds account.
To transfer your account to another financial institution, please contact the new financial institution for their instructions.
For assistance, please call 800-914-8716.

1. MoA Funds Account Information

Owner Name (first/initial/last)

Social Security Number

Account Number

Street Address

City

State

Zip Code

Date of Birth (mm/dd/yyyy)

Email Address

Phone (Area Code + Number)

2. Reason for Withdrawal

***Withdrawal due to Death of Account Owner:**
Must complete section 4.

☐ Normal

☐ **Death of Account Owner***: Each beneficiary must complete a separate form.
This option requires a **notarized signature** in Section 8.

3. Withdrawal Instructions

If no fund is indicated, then your assets will be withdrawn from the MoA US Gov Money Market Fund.

☐ **100% Distribution**: MoA Funds will immediately liquidate all assets.

☐ **Partial Distribution (as instructed below)**:

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

☐ **Automatic Withdrawal Plan**

Distribution Frequency. I would like the plan to begin the month of _____ 20 _____.

☐ Once per month on the _____ day.

☐ Twice per month on the _____ & _____.

☐ Quarterly on the _____ (Mar, Jun, Sep, Dec).

☐ Annually on the _____ day of _____ (Month).

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

4. Inherited Shares Due to Death of Account Owner

Supporting Documents required:

Please enclose the following documents as required along with this form, wherever applicable:

- ☐ Original or Certified Copy of Death Certificate.
- ☐ Letters of Testamentary, Trust documents, etc.(showing authority on the above-referenced account).
- ☐ New Account Application (if depositing into a new MoA Funds account).

Beneficiary Name / Estate Name

Name of Trustee (if applicable)

Street Address

City

State

Zip Code

Social Security / Tax ID Number

Phone Number

Email Address

Relationship to Deceased

Beneficiary's Date of Birth

Date Owner Deceased

☐ I am currently listed as TOD beneficiary on the above-referenced account.

5. Distribution Payment Method

If you do not select a payment method, a check will be mailed to the account address of record.

*If this option is selected, a **notarized signature** is required in Section 8.

Your bank may charge an additional fee to receive the wire.

☐ Deposit into my existing MoA Funds account.

Account Number

Fund Name / No. / Ticker Symbol.

☐ Send a check to my account address of record.

☐ Send a check to the alternate address or payee below*.

Payee Name

Street Address

City

State

Zip Code

☐ Send to my existing banking instructions of record.

☐ Send to the alternate banking instructions listed in Section 6*

☐ ACH (Electronic Funds Transfer)

☐ Wire**

☐ Deposit into a new MoA Funds account. (New account application enclosed).

6. Bank Information (Optional)

Important:

The signature of any bank account owner(s) not listed as owner of this MoA Funds account is required.

The MoA Funds account owner must be a bank account owner.

Please tape a voided check here. Please do not staple.

A voided check or deposit slip is required to establish bank instructions for automatic withdrawal plan (please do not staple).

- Temporary or starter checks, brokerage checks, and credit card check writing checks are not accepted.
- In lieu of a voided check, a letter on the bank's letterhead and signed by a bank representative that indicates the bank account owner(s), routing number, account number, and a branch telephone number for verification may be submitted.
- If a voided company or corporate check is provided, a letter on the bank's letterhead and signed by a bank representative that verifies the authorized signers must be included.
- The MoA Funds account owner's name must be listed as a bank account owner to establish bank instructions with this form.

Bank Account Owner(s): **John Adams** 01/02 123
1234 Main Street
New York, NY 12345-0000 12-34/1234

REQUIRED
Tape your voided check here.

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

Bank Name: **Checking Savings Investments Bank**
New York, NY 12345-0000

FOR _____

VOID

123456789 123456789
Bank Routing Number Bank Account Number

Account Type: ☐ Checking ☐ Savings

By completing this bank information, the bank account owner(s) agree(s) to indemnify and hold harmless the bank/credit union and MoA Funds for any loss, liability, or expense incurred from acting on these instructions.

Bank account owner(s) further agree(s) to waive any right under the NACHA Rules to rescind any ACH investment in or redemption from MoA Funds that has already occurred at the time of the attempt to rescind.

This authorization may be terminated at any time by written notification to MoA Funds by the bank account owner(s).

Bank Account Owner(s) Bank Account Number

Wire - Bank Routing Number (9 digits)

ACH - Bank Routing Number (9 digits)

Name of Bank

Address of Bank (do not use P.O. Box)

City

State

Zip Code

Branch Phone (Area Code + Number)

Signature(s) of all Bank Account Owner(s), if different than MoA Funds account ownership.

7. Signatures

Signature

- Neither MoA Funds, nor any of its agents, will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.
- I understand that neither MoA Funds nor any of its agents has provided any investment, tax, or legal advice, and I have relied on my independent judgment or the judgment of the advisor I have selected with respect to the suitability or potential value of any security or order.
- I understand that the assets in this account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- I am not subject to any restrictions or sanctions by the Office of Foreign Asset Control or any other government agency.

Under penalty of perjury, I certify that: (U.S. Persons Only)

1. The Taxpayer Identification Number shown on this form is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account (IRA), and payments other than interest and dividends).

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a U.S. Person (including a U.S. Resident Alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. FATCA applies to persons submitting this form for accounts maintained outside of the U.S. by certain foreign financial institutions.

I authorize MoA Funds to redeem the funds based on the information I have provided on this form. In the event I have provided incomplete or inaccurate information, I hereby agree to indemnify, defend and hold harmless MoA Funds, its officers, agents, employees, affiliates and successors from any and all claims the undersigned may have or hereafter claim to have with respect to the withdrawal.

Signature(s)

Date (mm/dd/yyyy)

Signature(s)

Date (mm/dd/yyyy)

Signature(s)/Notary

All New and Existing Trustees or Authorized Agents must sign and date below. By signing below, you certify that the information contained in this form is true and correct. You understand that MoA Funds is relying on this information to maintain your mutual fund account(s).

- If additional signatures are required, attach additional signature/notary page.
- Each signature must be notarized separately.

Printed name of Trustee/Authorized Agent

X

Signature of Trustee/Authorized Agent

Date (mm/dd/yyyy)

Title of Trustee/Authorized Agent

Printed name of Trustee/Authorized Agent

X

Signature of Trustee/Authorized Agent

Date (mm/dd/yyyy)

Title of Trustee/Authorized Agent

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or foreign consular seals may NOT be substituted.

In the State of _____, County of _____, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced _____ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or foreign consular seals may NOT be substituted.

In the State of _____, County of _____, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced _____ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

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

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.