



Change of Registration Form

Mail to: The Monteagle Funds
8000 Town Centre Dr., Ste 400
Broadview Heights, OH 44147

1. Instructions

The star * indicates that additional documentation is required with this form.

- Use this form to change ownership of your existing Fund account to transfer a portion of your Fund account to a new owner.
- Do not use this for an IRA account. Use the IRA Distribution Form.

Below are some examples of registration changes and instructions:

(MSG) Medallion Signature Guarantee
(SSN) Social Security Number
(TIN) Tax Identification Number

Transfer from an individual Account to a Joint Tenant Account

- 1) The current account owner must complete Sections 2-5, sign in Section 6 and obtain an MSG stamp in section 7.
- 2) If the transfer is to a new joint tenant account, the new account owner must complete section 8-15.

Transfer from a Joint Tenant Account to an Individual Account

- 1) The current account owners must complete Sections 2-5, sign in section 6 and obtain an MSG stamp in section 7.
- 2) If the transfer is to a new individual account, the new account owner must complete section 8-15.

Transfer from an Individual or Joint Tenant Account to a Trust Account

- 1) If the current account owner name(s) is identical to the trustee name(s) and the primary Social Security Number (SSN) is identical to the trust Tax Identification Number (TIN), the current account owner(s) must complete Sections 2-5 and sign in Section 6.
- 2) If the names and/or SSN/TIN are not identical, the current owner(s) must complete Sections 2-5, sign in Section 6 and obtain an MSG stamp Section 7.
- 3) If the Transfer is to a new trust account, the trustee(s) must complete Sections 8-15.

Transfer from an Individual, Joint Tenant or TOD Account due to Death

- 1) If it is a joint tenant account and one owner is deceased, the surviving joint owner must complete Sections 2-5, sign in Section 6 and obtain an MSG stamp in Section 7.
- 2) If it is a joint tenant account and both owners are deceased, the executor must complete Sections 2-5, sign and indicate capacity in Section 6 and obtain an MSG stamp in Section 7.
- 3) If it is an individual account, the executor must complete Sections 2-5, sign and indicate capacity in Section 6 and obtain an MSG stamp in Section 7.
- 4) If it is a Transfer on Death (TOD) account, each TOD beneficiary must complete a separate form, complete Sections 2-5, sign in Section 6 and obtain an MSG stamp in Section 7.
- 5) If mandated by the state, the executor or new account owner must provide an inheritance tax waiver.
- 6) If the transfer is to a new individual account, the new account owner must complete Sections 8-15.

Transfer from a UTMA/UGMA Account to an Individual Account (Minor has reached the age majority)

- 1) The custodian or former minor must complete Sections 2-5, sign in Section 6 and obtain an MSG stamp in section 7.
- 2) The former minor must complete Sections 8-15.

Change UGMA/UTMA Custodian

- 1) The current custodian must complete Sections 2-5, sign in 6 and obtain an MSG stamp in Section 7.
- 2) The new custodian must complete Sections 8-15.

Change name due to Marriage, Divorce or Other

- 1) The account owner changing his/her name must complete Sections 2-5, sign in Section 6 with his/ her **new name and former name** and obtain an MSG stamp in Section 7.
- 2) *Must submit certified copy of marriage certificate or copy of divorce decree.

2. Existing Account Information

Please see your last account statement for this information.

Account Number Social Security Number/Tax Identification Number

Name(s) of Account Owner, Custodian, Trustee, Responsible Individual or Authorized Individual

Name of Minor or Trust

3. Contact Information

Daytime Phone Number Evening Phone Number Email Address

4. Transfer Instructions

A. Transfer Type

I. Reason for Transfer:

To ensure accurate cost basis reporting, indicate the reason for the transfer and, if necessary, provide details. If no reason is provided, the transfer will be processed as a gift.

Check one Box:

- Re-registration
- Death: Date of Death _____ (MM/DD/YYYY). See Section I below for Transfer on Death (TOD) accounts.
- Gift: Date of Gift _____ (MM/DD/YYYY). See Section II below for additional requirements. If no date is provided, the date receipt will be used.

Affidavit for non-probate transfer of Transfer on Death (TOD) account shares:

As duly designated beneficiary of _____, whose
Name of Account Owner

date of death was _____, I am requesting transfer of ownership of the shares to
MM/DD/YYYY
which I am entitled.

Also provide below the names and dates of any beneficiary that you know are deceased and whose date of death preceded the death of the account owner.

Name of Beneficiary Date of Death (MM/DD/YYYY)

Name of Beneficiary Date of Death (MM/DD/YYYY)

II. Affidavit for non-probate transfer of Transfer on Death (TOD) account shares (continued):

Check one box:

- Transfer shares to an account in my name. Go to Section 4B.
- Redeem my portion of the assets. An account will be established in your name in order to redeem the assets. Provide your name, SSN and mailing address below. Please attach an inheritance tax wavier if required by the respective state of the deceased account owner's residence.

Name (First, Middle Initial, Last) Social Security Number

Mailing Address City State Zip Code

II. Fair market value acceptance by gifted share recipient:

If you are the recipient of gifted shares and wish to elect Average Cost as your cost basis method, the Internal Revenue Service requires that you provide acceptance of fair market value (FMV). Fair market value acceptance will only apply if the shares being transferred have depreciated in value since the original purchase date. For additional information, please consult a tax advisor or accountant.

Check one box:

- I do not accept the fair market value of the gifted shares. If this option is chosen or signature is not provided below, it will be deemed that the fair market value has not been accepted and a new account with a default method of First In, First Out will be established, unless an alternate cost basis method is chosen in Section 11.
- I accept the fair market value of the gifted shares as of the gift date referenced above so that I may utilize the Average Cost method. In accepting the fair market value for the shares transferred, I understand there may be potential negative tax implications and I have been advised to consult a tax advisor or accountant.

Fair Market Value Acceptance _____
Signature(s) of New Account Owner(s)

B. Transfer to Account

Check one Box:

Transfer to an existing account _____.

Transfer to a new account. Complete Sections 8-15.

C. Transfer Amount

Check one Box:

Transfer all shares.

Transfer the following Fund(s) in the amounts listed below:

Fund Name	Transfer Amount	Dollars, Shares or Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Cost Basis Method

Non-covered shares (shares purchased prior to 1/1/2012) will be depleted first for the transfer, and upon the depletion of non-covered shares, the remaining shares will be depleted using the cost basis method currently on your account.

If you wish to override your current method for this transaction only, please indicate the method below. To permanently change your cost basis method, please complete and attach the Shareholder Services Form.

Check one Box:

First In First Out (FIFO) Last In First Out (LIFO) High Cost First Out (HIFO)

Low Cost First Out Loss/ Gain Utilization (LGUT) Specific Lot Identification (SLID):

If this is a partial transfer and your current cost basis method is Specific Lot Identification (SLID) or you are overriding SLID, please provide the Fund, purchase date and number of shares to indicate the specific lots you wish to use for this transfer.

Fund Name, Ticker or Number	Date of Purchase (MM/DD/YYYY)	Number of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature(s) Required

I authorize The Fund, its affiliates and agents, to act on any instructions believed to be genuine for any requests authorized on this form. I agree that The Fund, their transfer agent, and their respective agents, officers, trustees, directors or employees will not be liable for any loss, liability or expense for acting, or refusing to act, on any instructions that are reasonably believed to be genuine, placing the risk of loss on me. I hereby indemnify The Fund, The Funds' transfer agent and any affiliate and any of their respective directors, trustees, employees, and agents for following the instructions on this form.

If this is a TOD account and I am a listed beneficiary, I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify The Fund, their transfer agent, and their respective agents, officers, trustees, directors or employees with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

If this is an UGMA/UTMA account and I am the former minor, by signing below, I certify under penalties of perjury that: (a) I am the beneficial owner of the assets contained in the account(s) listed on this form; (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me; (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age; (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s); (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s).

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION: Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 4A is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to IRS backup withholding (cross out "NOT" if you are currently subject to withholding). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign below exactly as your name appears in Section 2. If acting in a special capacity, such as trustee, custodian, beneficiary or executor, the capacity must be indicated after your signature.

_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date
_____ Signature	_____ Title or Capacity (if applicable)	_____ Date

7. Signature Guarantee (required)

A STAMP2000 Medallion Signature Guarantee (MSG) stamp is required if you are changing the account owner(s), the account owner(s) names or the account type. You can obtain a medallion signature guarantee from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. A **notary public cannot** give a medallion signature guarantee.

Place MSG Here

Place MSG Here

8. New Account Type

Individual

Primary Owner's Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Joint

Account will be registered as “Joint Tenants With Rights of Survivorship” unless you specify a different type of joint registration below, e.g. Tenants in Common.

Primary Owner’s Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Primary Owner’s Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Gift/Transfer to Minor Act (UGMA/UTMA)

Custodian’s Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Custodian’s Name (First, Middle Initial, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Trust

* Please attach a copy of the title and signature pages of the trust agreement and include documentation that identifies who is authorized to act on behalf of the trust.

Trustee Name (First, Middle Initial, Last)

Trustee Name (First, Middle Initial, Last)

Trustee Name (First, Middle Initial, Last)

Trustee Name (First, Middle Initial, Last)

Trust Name

Date of Trust Agreement

Tax Identification Number

9. Street Address

Primary Owner’s Street Address – We cannot open account with P.O. Box. See Section 10 for Mailing Address

City

State

Zip Code

Joint Owner’s or Minor’s Street Address- Required if different from Primary Owner’s Street Address

City

State

Zip Code

14. Signature(s) Required

By signing this form I agree that:

I have received, read and agree to The Fund Privacy Notice and have received and read The Fund(s)' Prospectus and/or the Summary Prospectus for each of The Fund(s) in which I am investing and believe that the investment is suitable for me. I understand the investment objectives and policies of The Fund(s) and agree to be bound by the terms of the Prospectus. I authorize The Fund(s), its affiliates and agents, to act on any instructions believed to be genuine for any services authorized on this form, including telephone options. By completing Section 12 I hereby authorize The Fund to initiate credits and/or debits to my account indicated in Section 12 and for the bank to honor all entries to my account. I consent to the recording of any telephone conversation(s) when I call The Fund(s) regarding my account(s). I will review all statements upon receipt, and will notify The Fund(s) immediately if there is a discrepancy.

I certify that the information provided on this application is true and accurate. I represent that I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges.

I consent to the delivery of a single copy of each prospectus and annual and semi-annual report to me and all other shareholders who share my address. I understand that I may revoke my consent by calling The Fund(s) or by writing to the address on this application. By supplying my banking information, I understand that telephone and internet transaction privileges will apply to my account, including electronic transfers to and from my bank account. I agree that The Fund(s), their transfer agent, or their respective agents, officers, trustees, directors or employees will not be liable for any loss, liability or expense for acting, or refusing to act, on any instructions, including any given under the telephone and internet transaction privileges, that are reasonably believed to be genuine, placing the risk of loss on me. See the discussion of these privileges in the Prospectus.

IMPORTANT INFORMATION ABOUT ESCHEAT LAWS

If no activity occurs in your account within the timeframe specified by the law in your state and if account statements mailed to you are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. By keeping your mailing address current with The Fund(s), your account will not be escheated to the state. Please be certain to inform The Fund(s) promptly of any significant events such as name or address changes.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 8 is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to IRS backup withholding (cross out "NOT" if you are currently subject to withholding). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please be advised that federal law requires all financial institutions, including mutual funds, to obtain, verify and record information that identifies each person who opens an account. What this means for you: In order to open an account, The Fund(s) will ask you to provide certain identifying information on this account application, including your full name, address, date of birth and social security number or taxpayer identification number. If you fail to provide the appropriate information, we may reject your application and all monies received to establish your account will be returned to you. As a result, it is very important that this application be filled out completely in order to establish an account. After your account is established, The Fund(s) are required to take steps to verify your identity. These actions may include checking your identifying information against various databases. If The Fund(s) are unable to verify your identity from the information that you provide, you may be restricted from making future purchases for, or transfers of shares from your account; or, your account may be closed and the redemption proceeds will be paid to you. You will receive the share price next calculated after The Fund(s) determine that they are unable to verify your identity; so, your redemption proceeds may be more or less than the amount you paid for your shares and the redemption may be a taxable transaction.

Sign below as your name(s) appear in Section 8.

All owners, including joint owners and trustees, excluding minors must sign.

_____ Signature	_____ Title (if applicable)	_____ Date
_____ Signature	_____ Title (if applicable)	_____ Date
_____ Signature	_____ Title (if applicable)	_____ Date
_____ Signature	_____ Title (if applicable)	_____ Date