ONE ROCK Fund	
IRA TRANSFER REQUEST	
Use this form for a custodian-to-custodian transfer of your retirement account from another institution. Please provide a recent	
copy of your account statement. An IRA Application must also be completed.	
Mail To: One Rock Fund c/o Mutual Shareholder Services 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147 Fax To: 440-526-4446	Minimum Investment: Initial: \$2,000.00 Subsequent: \$100.00 Need Help Call: (800) 564-3899
1. ACCOUNT INFORMATION	5. PROCESSING OPTIONS FOR ACCEPTING CUSTODIAN (choose one)
NAME	Submit via Fax to**:
	Fax # of Current Custodian
ADDRESS	**Verify that the current custodian/trustee accepts faxed requests prior
CITY/STATE/ZIP	to selecting this option
BUSINESS PHONE ()HOME()	Submit via Regular Mail to:
2. NAME AND ADDRESS OF CURRENT CUSTODIAN/TRUSTEE	Name of Current Custodian/Trustee Address of Current Custodian/Trustee
NAME	See Box #2 of this application
ADDRESS	6. DELIVERY OPTIONS FOR CURRENT CUSTODIAN/TRUSTEE (choose one)
CITY/STATE/ZIP	Check via Regular Mail to: ONE ROCK Fund
PHONE	c/o Mutual Shareholder Services 8000 Town Centre Drive, Suite 400
ACCOUNT NUMBER	Broadview Heights, OH 44147 Make checks payable to: "One Rock Fund FBO"
3. NEW OR EXISTING ACCOUNT WITH ONE ROCK FUND	Client Name
I am opening a new account and have attached an IRA application.	Wire Transfer—Instructions will be sent by Mutual Shareholder Services (current custodian may charge fee for wire)
Please deposit in my existing ONE ROCK Fund IRA.	
Account#	7. MEDALLION SIGNATURE GUARANTEE (if required): Your resigning trustee may require your signature guaranteed. A signa-
4. AUTHORIZATION FOR TRANSFER	ture guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan associa-
To the custodian or TRUSTEE of my existing IRA or qualified plan:	tion or a member firm of a domestic exchange. The officer will verify your signature at that time. Please note that a notary public is not ac-
 Please Liquidate Investments to Cash and Transfer: (choose one) The entire balance or \$	ceptable for signature guarantee.
Please process this request immediately.	SIGNATURE GUARANTEED BY:
Signature	NAME OF BANK OR FIRM
	SIGNATURE OF OFFICER
Date//	TITLE OF OFFICER

ONE ROCK Fund

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TO BE COMPLETED BY HUNTINGTON NATIONAL BANK, CUSTODIAN FOR ONE ROCK FUND	
ACCEPTANCE OF APPOINTMENT	
To Whom it may concern:	
We have been requested to send you a letter of acceptance in order to transfer the assets of the above-mentioned account for deposit to the One Rock Fund . To ensure proper crediting, please return the check made payable to:	
ONE ROCK FUND	
FBO	
MAIL TO:	
ONE ROCK FUND	
C/O MUTUAL SHAREHOLDER SERVICES	
8000 Town Centre Drive, Suite 400	
Broadview heights, OH 44147	
Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.	
CUSTODIAN SIGNATUREDATEDATE	