IRA Transfer Form

An IRA Application must accompany this form if a new IRA Account is being established.

USA MUTUALS

Mail To: USA Mutuals Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: USA Mutuals Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

Complete this form to transfer existing IRAs and direct rollovers from qualified retirement plans.
For additional information, please call toll-free **1-866-264-8783**.

1. Investor Information

NAME ______________________ SOCIAL SECURITY NUMBER ______________________

ADDRESS ______________________

CITY/STATE/ZIP ______________________

( ) ______________________ DAYTIME PHONE NUMBER

( ) ______________________ EVENING PHONE NUMBER

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR ______________________

ACCOUNT NUMBER ______________ CONTACT PERSON ______________ CONTACT NUMBER ______________

ADDRESS ______________________

Consider this your authorization to transfer my IRA, SEP IRA, SIMPLE IRA, or Roth IRA, or to directly rollover my qualified retirement plan as directed below:

❑ All Assets OR ❑ $______________ or ______%

Please process this request:

❑ immediately

OR

❑ at maturity __________________ *(month/day/year)*

*All assets will be sold immediately if no selections are made.

Type of account being transferred/rolled-over:

❑ Pension ❑ PSP ❑ 401(k) ❑ 403(b) ❑ Roth 401(k) ❑ Roth 403(b) ❑ Traditional IRA

❑ SEP IRA ❑ SIMPLE IRA ❑ Roth IRA ❑ Other

Original Roth IRA funding year (if applicable) __________

Original SIMPLE IRA funding date (if applicable) __________

Note: There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator to determine the applicable penalty, if any. Please send all transfer requests **at least 3 weeks** before maturity to allow for proper time limitations.

Send the check representing the assets payable to USA Mutuals Funds, along with a copy of this form to the address below:

USA Mutuals Funds
FBO [Shareholder Name]
[Account Number]
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

3. Investment Choices

A USA Mutuals Funds **IRA Account Application must be completed to process this transfer if a new account is being established.** The Fund(s) and the allocation(s) specified on the application will be used if they are different from those indicated below.

		New	Existing	Account # (if applicable)	Amount		Percentage
❑ Generation Wave Fund	1265	❑	❑	______________	$ ________	OR	______%
❑ Vice Fund	1269	❑	❑	______________	$ ________	OR	______%

See reverse side of form

4. Age 70½ Information

Does not apply to Roth IRAs

Check one of the following:

❑ I am under the age of 70½ and do not turn 70½ at anytime during the calendar year, or

❑ I am age 70½ or older and understand that no part of my required distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties resulting if a transfer or roll over of my required distribution occurs.

5. Conversion of Traditional IRA to Roth IRA

❑ Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Conversion Roth IRA.

6. Signature and Certification

I certify that I have established an IRA with the USA Mutuals Funds, of which U.S. Bank, National Association is the Custodian. I agree to contact my present Custodian to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bancorp Fund Services, LLC to act on my behalf in contacting the current Custodian or plan administrator to facilitate the transfer of assets.

X ____ ____________

SIGNATURE OF OWNER OR GUARDIAN (IF IRA OWNER IS A MINOR) DATE

____

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

Important: Please contact your current Custodian to determine if a signature guarantee* is required.

*** A medallion signature guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near **each** of your signatures being guaranteed. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. **Please note that a Notary Public Stamp or seal is not acceptable.**

7. Acceptance

Custodian Authorization: U.S. Bank, National Association hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a USA Mutuals Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, National Association

8. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME	REPRESENTATIVE'S LAST NAME FIRST NAME MI
DEALER HEAD OFFICE INFORMATION:	**REPRESENTATIVE'S BRANCH OFFICE INFORMATION:**
ADDRESS	ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER REP'S A.E. NUMBER

Before you mail, have you:

❑ **Completed an IRA Account Application if the transfer or direct rollover is going into a new account?**

❑ **Included documents from your current custodian or plan administrator, if required?**

❑ **Signed the application in section 6?**