

*\*The Transfer Request Form is used to facilitate the transfer of assets between two regular non-retirement accounts. This form should not be used to facilitate a IRA account transfer or a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-912-4562. Note: Please complete a New Account Agreement if you do not already have an account established.*

**PART I: OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)**

Owner's Name/Trustee Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number/Tax ID Number\*

Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

Mailing Address (if different than above)      Apt #      City      State      Zip Code

Daytime Phone\*      Evening Phone

Co-Owner's Name/Trustee Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number/Tax ID Number\*

Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

Co-Owner's Name/Trustee Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number/Tax ID Number\*

Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

Daytime Phone\*      Evening Phone

**PART II: CURRENT TRUSTEE, CUSTODIAN OR ISSUER**

Name of Current Trustee/Custodian/Issuer\*      Current Account/Plan Number/Fund Name\*

P. O. Box\*      Suite #      City\*      State\*      Zip Code\*

Name of Contact\*      Contact's Phone Number\*

- Type of Account:     Individual       Joint       UGMA/UTMA       Corporate       Trust  
 Mutual Fund       Securities       Money Market       CD (Immediately/At Maturity)

**Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

**PART III: TRANSFER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number \_\_\_\_\_

**Transfer Allocation**

Indicate the approximate amount that will be transferred.

The minimum initial investment in the Fund is \$1,000 for Class Investor Shares, \$100,000 for Institutional, and \$1,000,000 for R6 Shares.

Name of Investment	Share Class	Total Investment Amount
Fuller & Thaler Behavioral Small-Cap Equity Fund	Investor	\$ _____
Fuller & Thaler Behavioral Small-Cap Equity Fund	Institutional	\$ _____
Fuller & Thaler Behavioral Small-Cap Equity Fund	R6	\$ _____
Fuller & Thaler Behavioral Small-Cap Growth Fund	Investor	\$ _____
Fuller & Thaler Behavioral Small-Cap Growth Fund	Institutional	\$ _____
Fuller & Thaler Behavioral Small-Cap Growth Fund	R6	\$ _____
Fuller & Thaler Behavioral Mid-Cap Value Fund	Investor	\$ _____
Fuller & Thaler Behavioral Mid-Cap Value Fund	Institutional	\$ _____
Fuller & Thaler Behavioral Mid-Cap Value Fund	R6	\$ _____
	TOTAL:	\$ _____

**PART IV: LIQUIDATION/TRANSFER INSTRUCTIONS**

I authorize and direct the current Trustee, Custodian or Issuer to liquidate/transfer assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new Account Trustee/Custodian identified below.  
\_\_\_\_\_
- Partially liquidate \$ \_\_\_\_\_ of the current account and send the proceeds to the new account Trustee/Custodian identified below. (Note to Owner: Attach additional written liquidation instructions, if necessary.)  
\_\_\_\_\_
- Transfer-in-kind  
\_\_\_\_\_
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_

**\*Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Fuller & Thaler Funds: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
Fuller & Thaler Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Fuller & Thaler Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246

**PART V: ACKNOWLEDGEMENTS**

By signing this *Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer my assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of an Owner (or other Authorized Person):

X \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Fuller & Thaler Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Fuller & Thaler Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246