

# GIFT TRANSFER FORM



**IMPORTANT:** In compliance with the USA PATRIOT Act, 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:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this form or would like to request a copy of the latest prospectus, please call Shareholder Services at 1-800-934-5550.

Use this form to give shares of your mutual fund account as a gift to an individual or a charity. Since the transfer of shares does not result in a sale of securities the donor does not incur a taxable event; however, a gift tax may be applicable. Check with your tax advisor on gift or inheritance questions. The transaction to process the "transfer-in-kind" will be done the day the form(s) are received in good order.

Note: Donor completes Part 1 through 4.

## PART I: DONOR'S INFORMATION (\* DENOTES REQUIRED INFORMATION)

Name of Trust*	Tax ID Number*	
Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*
Co-Owner's Name (or Trustee Name)* (First, M.I., Last)	Date of Birth*	Social Security Number*
Daytime Phone*	Evening Phone	

## PART II: GIFT AMOUNT (SHARES OR DOLLAR AMOUNT TO BE TRANSFERRED)

If you do not specify a dollar amount, number of shares, or percentage, all the shares in your account will be transferred. If you need more space, provide the information on a separate sheet. Note: Recipient must invest in the same Fund being transferred.

Fund Name	Account Number	Dollar Amount	Number of Shares	Percentage	All
IMS Capital Value Fund		\$		%	
IMS Strategic Income Fund		\$		%	
IMS Dividend Growth Fund		\$		%	

## PART III: DONOR'S SIGNATURE(S)

The account owner(s) listed in Part 1 must authorize this transfer of shares by signing below. (You must obtain a New Technology Medallion Signature Guarantee Stamp for each person(s) signature). If the account is a Trust, Custodial, or Corporate account, please sign in your capacity. If a Corporate account or trust account, also include a copy of your Corporate Resolution or a copy of your trust.

Note: Please forward the original form with the prospectus to recipient for completion.

X	X
Shareholder, Custodian, Trustee, or Authorized Officer*      Date	Shareholder, Custodian, Trustee, or Authorized Officer*      Date

**PART IV: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

I certify that no tax or legal advice has been given to me by the Custodian, IMS Family of Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, IMS Family of Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

New Technology Medallion  
Signature Guarantee Stamp

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Note: Recipient completes Part 5 through 15.

**PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO**

Individual.  
 I want to establish a new account. Or   
Existing Account Number

Joint. Joint accounts are registered as "Joint Tenants with Rights of Survivorship" unless you indicate otherwise.  
 I want to establish a new account. Or   
Existing Account Number

Trust.  
 I want to establish a new account. Or   
Existing Account Number

Important: You must send us a copy of the pages in your trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures.

Uniform Gifts/Transfers to Minors Act (UGMA/UTMA).  
 I want to establish a new account. Or   
Existing Account Number

\_\_\_\_\_State under the laws of which the gift or transfer is being made.

**PART V: RECIPIENT-ACCOUNT YOU WANT SHARES TRANSFERRED TO- CONTINUED**

Organization. Account owned by an entity.  
 I want to establish a new account. Or   
Existing Account Number

Check the organization's entity type. Important: You must send us a copy of the documentation required for your entity type specified below.

- Corporation Articles of Incorporation, or state-issued charter or Certificate of Good Standing.
- Foundation Articles of Incorporation.
- Partnership Partnership.
- Sole Proprietorship Document filed to form the proprietorship.
- Other \_\_\_\_\_ Document filed to form the organization (if a legal entity), or organization bylaws or similar document (if not a legal entity).

Check one of the following if it describes the organization establishing the account:

- Broker/ Dealer
- Mutual Fund
- National Bank
- State-Regulated Bank
- Government Agency or Instrumentality
- Publicly Traded on the Nasdaq (except small cap issues), NYSE, or AMEX  
Ticker Symbol: \_\_\_\_\_

**PART VI: RECIPIENT INFORMATION**

Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

Note: If shares are being transferred to an existing account and no registration information is changing (i.e., no new owners are being added), skip to Section 8.

\_\_\_\_\_  
 Name of Individual, Custodian, Trustee, or Organization Representative\* (First, M.I., Last)

\_\_\_\_\_  
 Date of Birth\*                      Social Security Number\*                      Employer Identification Number\*

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

\_\_\_\_\_  
 Mailing Address (if different from above)      City      State      Zip Code

\_\_\_\_\_  
 Daytime Phone\*                      Evening Phone

U.S. Citizen     Resident Alien (Country)

*For mailing outside of U.S., provide:*

\_\_\_\_\_  
 Country of Residence      Province      Foreign Routing/Postal Code

## PART VII: ADDITIONAL RECIPIENT INFORMATION

Every person to be registered on the account must provide all of the information requested. If there are more than two owners, provide the information, in the same format, on a separate sheet.

\_\_\_\_\_  
Name of Individual, Minor, Agent, Co-Trustee, or Organization Representative\* (First, M.I., Last)

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Daytime Phone\*

\_\_\_\_\_  
Evening Phone

U.S. Citizen    Resident Alien (Country)

*For mailing outside of U.S., provide:*

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Province

\_\_\_\_\_  
Foreign Routing/Postal Code

## PART VIII: DISTRIBUTION OPTIONS FOR INCOME DIVIDENDS AND CAPITAL GAINS

Check one option for dividends and one for capital gains. If nothing is checked, all distributions will be reinvested in additional fund shares. Your choices will apply to all fund accounts opened through this form.

### Dividends

- Reinvest  
 Pay in CASH to my address of record  
 Automatically deposit into my bank account (complete bank account *Part XII*)

### Short-Term Capital Gains

- Reinvest  
 Pay in CASH to my address of record  
 Automatically deposit into my bank account (complete bank account *Part XII*)

### Long-Term Capital Gains

- Reinvest  
 Pay in CASH to my address of record  
 Automatically deposit into my bank account (complete bank account *Part XII*)

## PART IX: TELEPHONE TRANSACTION PRIVILEGES

*The completion of this section is OPTIONAL.*

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part XII*.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part XII*.

Please check the box below if you DO NOT want these privileges.

- By checking this box, you DO NOT authorize IMS Family of Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares and/or the exchange of shares between one or more of the Funds in IMS Family of Funds having identical registrations.

**PART X: SYSTEMATIC INVESTMENT PROGRAM**

The completion of this section is *OPTIONAL*.

Systematic Investment Program - This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH\* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip where requested in *Part XII*.

I authorize IMS Family of Funds to initiate investments into my mutual fund account according to the following frequency:

- Monthly                       Quarterly                       Specific Months (specify):
- January                      February                      March                      April                      May                      June
- July                      August                      September                      October                      November                      December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

\*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

**PART XI: SYSTEMATIC WITHDRAWAL PROGRAM**

The completion of this section is *OPTIONAL*.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information AND attach a voided check or deposit slip where requested in *Part XII*.

- Systematic Withdrawal Program to Address of Record     Systematic Withdrawal Program via ACH (complete *Part XII*)

I authorize IMS Family of Funds to initiate withdrawals from my mutual fund account according to the following frequency:

- Annually     Semi-Annually     Quarterly     Twice Each Month     Monthly     Other (Check months below)

- January                       February                       March                       April                       May                       June
- July                       August                       September                       October                       November                       December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**PART XII: BANK ACCOUNT INFORMATION**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA number (if known)

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name(s) on Bank Account

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

\_\_\_\_\_  
Name(s) on Bank Account

**PART XII: BANK ACCOUNT INFORMATION-CONTINUED**

Please attach one voided check or deposit ticket.  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples to attach it.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

**PART XIII: DISPOSITION OF NEW SHARES**

The completion of this section is **REQUIRED**.

- Hold shares on deposit until further notice.
- Redeem shares as indicated below and send check to the address of record.
  - Redeem dollars: \$ \_\_\_\_\_
  - Redeem shares: \_\_\_\_\_
  - Redeem all shares

**PART XIV: RECIPIENT SIGNATURE(S)**

The completion of this section is **REQUIRED**.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) 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 (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

X _____ Shareholder, Custodian, Trustee, or Authorized Officer      Date	X _____ Shareholder, Custodian, Trustee, or Authorized Officer      Date
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Note: All account owners and authorized signers must sign above.

**PART XV: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

You will need to have your signature(s) Medallion Signature Guaranteed if the value of the redemption exceeds \$100,000.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

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**FOR DEALER USE ONLY**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Representative's Branch Office Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State                      \_\_\_\_\_  
   Zip Code

\_\_\_\_\_  
Dealer Number                      \_\_\_\_\_  
   Branch Number

\_\_\_\_\_  
Representative Number

X \_\_\_\_\_  
Representative's Signature

X \_\_\_\_\_  
Supervisor's Signature

**MAILING INSTRUCTIONS**

Please send completed form to:

Regular Mail Delivery  
IMS Family of Funds  
P.O. Box 410559  
Kansas City, MO 64141

Overnight Delivery  
IMS Family of Funds  
4520 Main St Suite 1425  
Kansas City, MO 64111