



GENERAL INFORMATION

Please read the Fund's prospectus for important information about the Fund and the IRA Custodial Agreement and Disclosure Statement for important information regarding IRA Investments and retain them for your files.

Please complete the items below if you are transferring assets from another institution, are initiating a direct rollover from a corporate retirement plan, a transfer from another IRA to a Chiron Capital Allocation Fund IRA or converting a traditional IRA at another institution to a Chiron Capital Allocation Fund Roth Conversion IRA. If this is a new IRA account in the Chiron Capital Allocation Fund, you must also complete an IRA Application.

We will contact your present Trustee/Custodian to arrange the transfer. If you have any questions or need additional forms, please call 877-9-CHIRON.

If transfer/rollover is being added to an existing Chiron Capital Allocation Fund IRA account, please provide account number: _____.

Please print or type all items except signature.

1 IRA REGISTRATION

NAME OF IRA ACCOUNTHOLDER
STREET ADDRESS
CITY STATE ZIP
SOCIAL SECURITY NUMBER DAYTIME TELEPHONE #
E-MAIL ADDRESS

2 PRESENT TRUSTEE/CUSTODIAN

NAME OF PRESENT TRUSTEE/CUSTODIAN OR PLAN ADMINISTRATOR
STREET ADDRESS
CITY STATE ZIP
FUND NAME & ACCOUNT NUMBER AT PRESENT TRUSTEE
TELEPHONE NUMBER OF PRESENT TRUSTEE/CUSTODIAN

3 TRANSFER/DIRECT ROLLOVER INSTRUCTIONS

I have established an Individual Retirement Account (IRA). Please transfer my assets in accordance with the instructions below and mail the check to: Chiron Capital Allocation Fund, P.O. Box 588, Portland, ME 04112. Make the check payable to Chiron Capital Allocation Fund.

- Liquidate all assets in my IRA Account and transfer the entire proceeds.
Liquidate only part of my assets in my IRA Account and transfer \$ _____.
Liquidate ONLY the assets listed below (For CDs):
Account Number _____.
Immediately At maturity on: _____.
Directly roll over my qualified plan distribution to my IRA. (Contact your employer for additional requirements).

4 ACCOUNT TYPE TO BE TRANSFERRED

- IRA
Rollover IRA
Employer Qualified Plan, 401(k), Profit Sharing Plan
Roth Contributory IRA, original start date of _____
Roth Conversion IRA, original start date of _____
SEP IRA

5 SIGNATURE & AUTHORIZATION

I hereby agree to the terms and conditions set forth in this transfer authorization and acknowledge having established a Chiron Capital Allocation Fund IRA through execution of the IRA Application Form.

SIGNATURE DATE

NOTE: Your present Custodian may require a signature guarantee. Please check with that institution for requirements. If required, please complete the following:

Signature Guaranteed By:

NAME OF BANK OR FIRM
SIGNATURE OF OFFICER TITLE

(Place Stamp Here)

This section to be completed by SEI Private Trust Company

SEI Private Trust Company hereby agrees to accept the transfer described above and upon receipt of cash or other assets will apply the proceeds to the Chiron Capital Allocation Fund Customer Sub-Account established on behalf of the Customer.

SEI PRIVATE TRUST COMPANY:

BY DATE
TITLE