

Securities Transfer

| | | |
|---------------------|---|---|
| Security Name _____ | Select One: <input type="checkbox"/> Liquidate All Shares | <input type="checkbox"/> Liquidate \$ _____ |
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| Security Name _____ | Select One: <input type="checkbox"/> Liquidate All Shares | <input type="checkbox"/> Liquidate \$ _____ |

Certificate of Deposit Transfer

Transfer the proceeds of my CD, which matures on _____, upon maturity
Date (MM-DD-YYYY)

Transfer the proceeds of my CD immediately

Note: If you are transferring a CD, and you wish to transfer your CD at maturity, please check the "Upon Maturity" box above and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

V. SIGNATURE AND AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Form, and acknowledge establishing an IRA in the Merk Mutual Funds through my execution of a Merk Mutual Funds IRA Application.

Please Note: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please check with your custodian to determine if a "Signature Guarantee" is required.

 Your Signature Date (MM-DD-YYYY)

Signature Guarantee (if required by your current custodian)

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH

Please forward a check made payable to the **Merk Mutual Funds, FBO** _____

Please include the following reference number on the check _____

Please forward the check or draft and any accompanying documents to:

**Merk Mutual Funds
P.O. Box 588
Portland, ME 04112**

or Overnight Delivery to:

**Merk Mutual Funds
Attn: Transfer Agent
Atlantic Fund Administration, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101**

Contact us at: 1-866-MERK FUND or 1-866-637-5386

INSTRUCTIONS FROM ACCEPTING CUSTODIAN

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to the Merk Mutual Funds IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of the Merk Mutual Funds)

Date (MM-DD-YYYY)