

NEIMAN FUNDS

Use this form when transferring assets directly to a NEIMAN FUNDS account from another institution. A recent copy of your current account statement is required. A Regular Account application must also be completed if this is a new account. DO NOT use this form for IRA transfers, distributions or conversions of any kind. Please call us toll free at 1-877-385-2720 with any questions.

Transfer Request Form

Please mail (or send overnight) the completed form to:

Neiman Funds
c/o Mutual Shareholder Services, LLC
8000 Town Centre Dr., Suite 400
Broadview Hts., OH 44147

1. Social Security Number

Social Security Number

2. Your Name (Please Print or Type)

Name (First, Middle, Last)

Street

City, State, Zip code

()

Daytime Telephone

()

Evening Telephone

3. Name and Address of Present Trustee

Name of Current Trustee or Custodian

Address

City, State, Zip

()

Telephone Number

Account Number

● Please attach a copy of a recent account statement to help us locate your current account.

4. Where to Invest Your Assets

I am opening a new account and have attached an application.

Please deposit in my existing account:

ACCOUNT # _____

5. Authorization for Transfer

To the Custodian or Trustee of my existing account:
Please liquidate and transfer:

\$ _____ OR

THE ENTIRE BALANCE

Immediately OR Upon Maturity

Signature of Investor (required)

Date

6. IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:

Name of Bank or Firm: _____

Signature of Officer: _____

Title of Officer: _____

ACCEPTANCE OF APPOINTMENT

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the NEIMAN FUNDS. To ensure proper crediting, please return the check made payable to:

NEIMAN FUNDS FBO _____

MAIL TO:

NEIMAN FUNDS

C/O MUTUAL SHAREHOLDER SERVICES

8000 TOWN CENTRE DRIVE, SUITE 400

BROADVIEW HEIGHTS, OH 44147

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

CUSTODIAN SIGNATURE _____ DATE _____