

NEIMAN BALANCED ALLOCATION FUND

Use this form to establish an automatic withdrawal from your Neiman Balanced Allocation Fund account.

Please visit our website at www.neimanfunds.com or call toll-free 1-877-385-2720 if you have additional questions.

Automatic Withdrawal Form

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

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

1. Social Security Number

Social Security Number

2. Investor Information (Please Print or Type)

Name (First, Middle, Last)

Street

City, State, Zip code

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Daytime Telephone

Evening Telephone

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Neiman Balanced Allocation Fund Account Number

3. Automatic Withdrawal Plan

Automatic Withdrawal Program: This option allows you to make automatic monthly or quarterly withdrawals from your Neiman Balanced Allocation Fund account directly to your bank account. A systematic withdrawal plan automatically withdraws money from this account on a monthly or quarterly basis. An account balance of at least \$1,000 is required.

You must also include the bank information in Section 4.

I accept this option

Monthly or Quarterly

Neiman Balanced Allocation Fund Class A \$ _____
Fund Name Amount (\$100 minimum)

Neiman Balanced Allocation Fund Class C \$ _____
Fund Name Amount (\$100 minimum)

Begin investment on _____ and on the 5th or 20th*
(month, year) day of the month/quarter.

* Automatic Withdrawals will be made on the 20th, unless you select the 5th. Your first automatic withdrawal will become available approximately 15 days after your application is processed.

Early Distribution For IRA Accounts (IRS Penalty Applies).

If you are under age 59½ and take a distribution from your IRA, it will generally constitute an early distribution. Unless an exception to the penalty applies, you must pay the appropriate penalty tax to the IRS. An early distribution is reported on IRS.

CDSC on Class C shares

Class C shares are subject to a contingent deferred sales charge ("CDSC") (based on the lower of the initial investment amount and current NAV) of 1% if redeemed within one year of the purchase date. No CDSC will be charged if you redeem your shares after one year of the purchase date.

4. Bank Information

You must complete this section to make withdrawals from your Neiman Balanced Allocation Fund account. **Please attach a voided, unsigned check or savings account deposit slip for the bank account you will be using.**

Name of Bank

Address of Bank

City, State, Zip Code

Name(s) on Bank Account

Bank Account Number

ABA Number (Available from your bank)

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Bank Phone Number

This is a: Checking Account Savings Account

James A. Sample 123 Main Street Anywhere, USA 12345	0001
Pay to the order of:	_____ DOLLARS
Attach Voided Check or Deposit Slip Here. We cannot establish options in Sections 8 or 10 without it.	
VOID	
1 1234567890123456789012 0001	

I acknowledge the Neiman Funds to initiate withdrawal entries from my Neiman Balanced Allocation Fund account to my account at the bank that I have indicated. I further agree that the Neiman Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Neiman Funds. The termination request will be effective as soon as the Neiman Funds has had reasonable time to act upon it.

5. Signature of Investor (required)

Under penalty of perjury, I certify that:

The Social Security Number or Taxpayer Identification Number shown on this application is correct.

I authorize the Neiman Funds to make the changes indicated to my account. I authorize the Neiman Funds and its agents to act upon instructions believed to be genuine for this account. I agree that neither the Neiman Funds nor its agents will be liable for any loss, cost, or expense for acting on such instructions, provided the Neiman Funds employ reasonable procedures to confirm that instructions are genuine.

X _____
Signature of Individual Owner, Trustee, Custodian, etc. Date

X _____
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

X _____
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.