NEIMAN FUNDS

Use this form to establish an automatic withdrawal from your Neiman Funds account.

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

1. Social Security Number		
Social Security Number		
2. Investor Information (Please Prin	t or Type)	
Name (First, Middle, Last)		
Street		
City, State, Zip code		
())	
Daytime Telephone Even	ing Telephone	
3. Automatic Withdrawal Plan		
	on in Section 4. ☐ Quarterly	
Neiman Large Ca	p Value Fund Account Number	
Neiman Large Cap Fund No-Load	\$	
Fund Name	Amount (\$100 minimum)	
Neiman Large Cap Fund Class A	\$	
Fund Name	Amount (\$100 minimum)	

Early Distribution For IRA Accounts (IRS Penalty Applies).

If you are under age 59% 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 to the IRS.

Automatic Withdrawal 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

4. Bank Information

You must complete this section to make withdrawals from your Neiman 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)	
()	
Bank Phone Number	

This is a: Checking Account Savings Account

James A. Sample	0001
123 Main Street	
Ariywhere, USA 12345	clip Here
Pay to the order of:	Sanosit Sir without it
. che	CK Or Deposit Slip Here. CK Or Deposit Slip Here. CK Or Deposit Slip Here. CONTROL PROMITTION OF THE POSITION OF THE POSITI
voided Cris	ons in 35
ANY PARCENTO	
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- We Carr.	
1 1234567890123456789012 0001	

I authorize the Neiman Funds to initiate withdrawal entries from my Neiman 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 have 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.