

NON-QUALIFIED ASSET TRANSFER FORM

Use this form to transfer assets to a Seafarer Funds account with individual or joint registration. **Please include a copy of your account statement for the investment to be transferred.** If you are establishing a new account, please attach a completed Seafarer Funds account application. **Do not use this form to transfer Tax Qualified Retirement Plans.**

SECTION 1: Seafarer Funds Account Information

Account Number	Owner's Name (Last, First, Middle Initial)
Owner's Social Security Number	Date of Birth (MM/DD/YY)
Address of Residence (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
() Phone	E-mail Address

SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a medallion signature guarantee. If a medallion signature guarantee is required, please complete Section 5. Please include a copy of your current account statement.

Type of Plan Being Transferred/Rolled Over	
Current Trustee/Custodian/Employer/Plan Administrator	Account Number
Address of Custodian (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
() Phone	

SECTION 3: Current Investment to be Transferred

Note: Seafarer Funds will not accept shares in certificate form.

Type of Investment:

Mutual Fund Bank Account CD Other _____

Type of Account:

Individual Joint Other _____

Redemption Instructions – Mutual Fund:

Please redeem _____% shares.

Please transfer _____ shares in kind (Seafarer Funds shares only)

All full and fractional shares \$_____ worth of shares

Redemption Instructions:

Bank Account Please withdraw \$_____ CD: Date of Maturity _____

All full and fractional shares Other _____

SECTION 4: Transfer Instructions to purchase into Seafarer Funds Account

Seafarer Funds Account Owners Name

Seafarer Funds Investment Allocation

Fund Name	Ticker	Amount	or	Percent	%
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____		_____	%
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____		_____	%
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____		_____	%
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____		_____	%
Total		\$ _____		100	%

Investor Instruction to Seafarer Funds:

- Please open a new Seafarer Funds account for me. I have attached the appropriate application documents to this form.
- Please deposit the proceeds to my existing account:

Seafarer Funds Account Owner's Name

Seafarer Funds Account Number

Amount

Please sign below exactly as your name(s) appear on the account you are redeeming/transferring from. All account owners must sign.

Signature

Date (MM/DD/YY)

Signature

Date (MM/DD/YY)

Daytime Telephone Number

SECTION 5: Medallion Signature Guarantee

Please complete this section if a medallion signature guarantee is required by your current Custodian.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantors:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - Savings Associations
 - Trust Companies

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Seafarer Funds
PO. Box 219623
Kansas City, MO 64121

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit seafarerfunds.com