IRA AND SEP-IRA TRANSFER REQUEST

U.S. Mail:
Midas Funds
P.O. Box 6110
Indianapolis, IN 46206-6110
Toll Free 1-800-400-MIDAS (6432)

Overnight:
Midas Funds
2960 N. Meridian Street. Ste. 300
Indianapolis, IN 46208
Toll Free 1-800-400-MIDAS (6432)

❶ NAME AND ADDRESS

Name (First, Initial, Last) _____ Social Security No. _____ Date of Birth _____

Street or P.O. Box _____ (_____)_____ Business Telephone No. (_____)_____ Home Telephone No.

City, State and Zip _____

❷ TRANSFER/DIRECT ROLLOVER REQUEST

I have established an IRA with Unified Financial Securities, Inc., and I request that my retirement funds be: (check one)

☐ Transferred from another IRA; ☐ Directly rolled over from my employer-sponsored retirement plan; ☐ Transferred from a SIMPLE IRA.*

I authorize the present Custodian/Trustee of my IRA, or the present employer of my retirement plan, to directly send the assets indicated in Section ❸ below to this IRA.

Name of present Custodian, Trustee or Employer: _____ Account No.: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

* NOTE: SIMPLE IRA funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA. If you choose to wire-transfer your funds, contact the Fund for instructions.

❸ PAYMENT INFORMATION

Payment Schedule. I authorize and direct you to send my assets as follows:

☐ Immediately liquidate all assets and send the cash proceeds.
☐ Send the assets received at maturity for each of the investments listed below:

Investment	Maturity Date (if applies)

☐ Send cash proceeds of all investments at maturity
☐ Other: _____

Conduit IRA: Do you want these funds kept in a separate IRA? ☐ Yes ☐ No

New IRA Account No. _____

❹ INVESTMENT INFORMATION

I direct my transfer or direct rollover to be invested as follows:

Midas Fund, Inc.: $ _____ Midas Special Fund, Inc.: $ _____ Midas Dollar Reserves, Inc.: $ _____

❺ SIGNATURES AND CERTIFICATIONS *(You may wish to retain a copy of this form for your records)*

I certify that I have established an IRA with Unified Financial Securities, Inc. I agree to contact my present Custodian/Trustee that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold Unified Financial Securities, Inc. harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that Unified Financial Securities, Inc. cannot provide legal advice and I agree to consult with my own tax professional for advice.

Signature of Individual _____ Date _____ Signature of Custodian/Trustee _____ Date _____

❻ ACCEPTANCE BY UNIFIED FINANCIAL SECURITIES, INC.

TO BE COMPLETED BY UNIFIED FINANCIAL SECURITIES, INC. ONLY (For office use only)

Make check payable to:

_____**, FBO** _____

By: _____ Date: _____