

# Redemption Form

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

**MAIL TO: MONETTA FUNDS**

c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

**OVERNIGHT MAIL TO: MONETTA FUNDS**

c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., Floor 3  
Milwaukee, WI 53202-5207

## 1 ACCOUNT INFORMATION

NAME(S) OF ACCOUNT OWNER(S)

ADDRESS

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

## 2 REDEMPTION INFORMATION\*

FUND NAME

FUND NAME

FUND NAME

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form. | <input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form. | <input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form. | <input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form. |
| <input type="checkbox"/> Redeem entire balance upon receipt of this form.   | <input type="checkbox"/> Redeem entire balance upon receipt of this form.   | <input type="checkbox"/> Redeem entire balance upon receipt of this form.   | <input type="checkbox"/> Redeem entire balance upon receipt of this form.   |
| <input type="checkbox"/> Redeem exactly _____ shares                        | <input type="checkbox"/> Redeem exactly _____ shares                        | <input type="checkbox"/> Redeem exactly _____ shares                        | <input type="checkbox"/> Redeem exactly _____ shares                        |

**Redemption proceeds should be paid by:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Check to Address of Record | <input type="checkbox"/> ACH to Bank of Record | <input type="checkbox"/> Wire to Bank of Record (a fee may apply) | <input type="checkbox"/> *Overnight to Address of Record |
| <input type="checkbox"/> Third Party                |  |   |  |

THIRD PARTY NAME

THIRD PARTY ADDRESS

CITY / STATE / ZIP

\* A signature guarantee may be required based on the dollar amount of your redemption, or if the proceeds are being sent to a third party. Please consult the Fund's prospectus.

## 3 BANK INFORMATION (Optional)

- Add Bank Information (attach voided check)
- Change Existing Bank Information (attach voided check)
- My existing bank information is no longer valid.

**Please attach a voided check or pre-printed deposit slip.**

Checking

Savings

\*We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

\*Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

John Doe Jane Doe 123 Main Street Anytown, USA 12345	58239
<b>VOID</b>	
Pay to the order of _____ \$ _____	
_____ DOLLARS	
Memo _____	Signed _____
⑆123456789⑆ ⑆123456789⑆	

**4 DATE OF DEATH (If applicable)**

In order to accurately provide gain/loss detail on the 1099-B tax form we require the shareholder's date of death.

DATE OF DEATH

**5 SIGNATURES AND MEDALLION SIGNATURE GUARANTEE**

I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Redemption Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

✓ Under penalty of perjury, I certify that:

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from FATCA reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X		<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other *	
X		<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other *	
X		<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other *	

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**If required**, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

\* Note: If someone other than the registered account owner is signing this request we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity:

Administrator, Conservator, Executor, Guardian, General Partner, Personal Representative, Surviving Joint Tenant, Corporate Officer, Appropriate Person by Small Estate Affidavit, Power of Attorney, Minor Who Has Reached Age of Majority.