

RETIREMENT ASSET (IRA, 401(k), etc.) TRANSFER/ROLLOVER FORM

**ADAMS HARKNESS
SMALL CAP GROWTH FUND**

1. INSTRUCTIONS

This form is used to transfer an existing IRA to an Adams Harkness Small Cap Growth Fund IRA.

- If a new account is being opened, complete this IRA Asset Transfer Authorization form and an Individual Retirement Account Application.
- Attach a statement from your existing IRA to this form.
- If you are transferring a passbook/certificate type account or an insurance type IRA, the passbook, certificate or insurance policy must be submitted with this form.
- **The current custodian or trustee holding your IRA may require a "signature guarantee" or have other requirements. Please determine the requirements of your current custodian or trustee to avoid delays in processing your transfer.**
- Mail this completed form (along with your Individual Retirement Account Application, if opening a new account) to:

Adams Harkness Small Cap Growth Fund or Overnight Delivery to:
Attn: Transfer Agent
Atlantic Fund Administration, LLC
P.O. Box 588
Portland, ME 04112

Adams Harkness Small Cap Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101

2. IRA REGISTRATION (Please Print)

Name _____ Existing Account Number (if applicable) _____ Social Security Number _____

Address: Number and Street (Required) _____ Mail Address (if different) _____

City _____ State _____ Zip Code _____ E-mail _____

Birth Date _____ Telephone (Day) _____ Telephone (Evening) _____

3. CURRENT IRA CUSTODIAN

Institution Currently Holding Your IRA (Shareholder Servicing Agent/Transfer Agent if mutual fund) _____

Mailing Address: Number and Street _____

City _____ State _____ Zip Code _____

Account Number _____ Account Executive (if any) _____

Customer Service Telephone Number _____

Type of Assets in IRA:

- Mutual Fund Shares (Please complete section 5)
Fund Name _____
- CD (Due on _____ *)
Transfer: Upon Maturity Immediately
- Money Market Deposit Account
- Securities (Please complete Sections 4 and 5)
- Other (Please specify _____)

* Note: If you are transferring a CD(s), and you wish to transfer your CD(s) at maturity, please check the "Upon Maturity" box and send this form at least two weeks prior to maturity. There may be a premature withdrawal penalty if you choose to liquidate a CD prior to maturity.

4. YOUR INSTRUCTIONS

To Current Custodian or Trustee:

Please liquidate (check one box): all of the securities in my account
or the securities described in Section 5

and transfer the proceeds from the liquidation to my Adams Harkness Small Cap Growth Fund IRA by check.

5. IDENTIFICATION OF SECURITIES TO BE LIQUIDATED OR TRANSFERRED IN KIND

Complete only if your existing traditional IRA contains stocks, bonds or other securities, which are to be liquidated in part. If additional space is needed to identify securities, please attach to this authorization a separate sheet of paper identifying the additional securities.

To Current Custodian or Trustee:

My intentions are to execute a partial transfer by liquidation of the following assets:

Account Number or Security	Amount	or	Number of Shares
_____	\$ _____		_____
_____	\$ _____		_____
_____	\$ _____		_____

6. AUTHORIZATION

I hereby agree to the terms and conditions set forth in this IRA Asset Transfer Authorization, and acknowledge establishing an Adams Harkness Small Cap Growth Fund IRA through my execution of an Adams Harkness Small Cap Growth Fund IRA Application.

PLEASE NOTE: The custodian or trustee holding your current IRA may require a "Signature Guarantee" prior to releasing your assets. To avoid processing delays, please determine if a "Signature Guarantee" is required.

Your Signature

Date

Institution Providing **Signature Guarantee**

Signature of Officer and Title

DO NOT COMPLETE THE SECTION BELOW

INSTRUCTIONS TO RESIGNING TRUSTEE/CUSTODIAN

Type of IRA: TRADITIONAL SEP-IRA ROTH OTHER (DESCRIBE: _____)

Please forward a check as directed in Section 4 above made payable to **Adams Harkness Small Cap Growth Fund, FBO** _____

Please include the following reference number on the check _____

Please forward the check or draft and accompanying documents, if any, in the return envelope provided to:

Adams Harkness Small Cap Growth Fund or Overnight Delivery to:
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Atlantic Fund Administration, LLC
P.O. Box 588
Portland, ME 04112

Adams Harkness Small Cap Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101

INSTRUCTIONS TO ACCEPTING CUSTODIAN

The Custodian hereby accepts its appointment as IRA Custodian, agrees to accept the transfer described above and, upon receipt, will apply the proceeds to an Adams Harkness Small Cap Growth Fund IRA established on behalf of the individual named herein.

Authorized Signature (On behalf of Adams Harkness Small Cap Growth Fund)

Date