



QUAKER® FUNDS

IRA Beneficiary Change Form

Mail to: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Quaker Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

1 Investor Information

Name of Account Owner _____

Daytime Phone Number _____ Evening Phone Number _____

Account Numbers (Attach additional sheet if needed)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2 Beneficiary Designation

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below. In the event of my death, the balance in the account shall be paid to the beneficiaries who survive me in the specified percents as indicated. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the beneficiaries who survive me in the specified percents as indicated. If any Primary or additional beneficiaries do not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or additional beneficiaries shall be increased on a pro rata basis.

If you need more space, please enclose a separate sheet of paper.

Primary

| | | | | | |
|-------|--------------|----------------|------------------------|----------------------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |

Secondary

| | | | | | |
|-------|--------------|----------------|------------------------|----------------------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |

Tertiary

| | | | | | |
|-------|--------------|----------------|------------------------|----------------------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Relationship | City/State/Zip | Social Security Number | Date of Birth (MM/DD/YYYY) | Percent |

3 Signature

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian.

Signature of Account Owner

Date (MM/DD/YYYY)

Signature Guarantee*

Spousal Consent: Consent of the Account Owner's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Account Owner's spouse.)

Signature of Spouse

Date (MM/DD/YYYY)

Signature Guarantee*

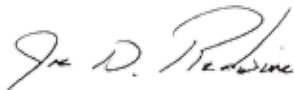
IMPORTANT: Please contact your current Custodian to determine if a signature guarantee is required.

*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

4 Acceptance/Custodian Authorization

U.S. Bank, NA, hereby The Custodian acknowledges and accepts receipt of these IRA Beneficiary Change instructions.

U.S. Bank, NA



5 Dealer Information

Dealer's Name

Branch ID

Representative's Name

Representative's ID

Representative Branch Office Information:

Address

City

State

Zip Code

Telephone Number

For additional information please call toll-free 800-220-8888 or visit us on the web at www.quakerfunds.com.