



QUAKER® FUNDS

Redemption Form

Regular Mail: Quaker Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery: Quaker Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

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

1 Account Information

<input type="text"/>	
NAME(S) OF ACCOUNT OWNER(S)	
<input type="text"/>	<input type="text"/>
ADDRESS	CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER

2 Redemption Information

<input type="text"/>	<input type="text"/>	
FUND NAME	ACCOUNT NUMBER(S)	
<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 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 <input type="checkbox"/> ACH to New Bank Information as Provided in Section 3 <input type="checkbox"/> Wire to New Bank Information as Provided in Section 3 <input type="checkbox"/> Third Party*		
<input type="text"/>	<input type="text"/>	<input type="text"/>
THIRD PARTY NAME	THIRD PARTY ADDRESS	CITY / STATE / ZIP

*A Signature Guarantee is required to send proceeds to a third party.

3 Bank Information* | Check appropriate action

- 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 - My existing bank information is no longer valid.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.)

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
VOID	
⑆ 2345 6789 ⑆ ⑆ 234567895678 ⑆	

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

4 Signature(s)

I have received and understand the prospectus for my Quaker Funds account. 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 Quaker Funds 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, N.A., on behalf of the applicable Fund. U.S. Bank Global Fund Services 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. Bank Global Fund Services & The Fund 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.

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

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.**