



INDIVIDUAL RETIREMENT TRANSFER OF ASSETS FORM

Please complete this form only if you are transferring assets directly to a new or existing Issachar Fund IRA, converting from a Traditional IRA to a Roth IRA, transferring from an existing Roth IRA, rolling over a Roth IRA, or you are requesting a direct rollover from an employer sponsored plan. Please complete a separate form for each IRA you wish to transfer or for each qualified plan you are directly rolling over. If you are establishing a new Issachar Fund IRA, this form must be preceded or accompanied by a completed Individual Retirement Custodial Account Adoption Agreement. Transfers may take 3 to 5 weeks to complete after your paperwork is received in good order.

For Additional Copies or Assistance

If you need additional copies of this form, or would like assistance completing it, please call the Issachar Fund at **1-866-787-8355**.

Instructions

1. If you are establishing a new Issachar Fund IRA, this form must be preceded or accompanied by a completed Individual Retirement Account Adoption Agreement.
2. Mail this Transfer Form to:
Issachar Fund
c/o Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 68154
3. Retain a copy for your records.

Issachar Fund Privacy Policy Statement

Your privacy is important to us. The Fund is committed to maintaining the confidentiality, integrity and security of your personal information. When you provide personal information, the Fund believes that you should be aware of policies to protect the confidentiality of that information.

The Fund collects the following nonpublic personal information about you:

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth; and
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payments history, parties to transactions, cost basis information, and other financial information.

The Fund does not disclose any nonpublic personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, the Fund is permitted by law to disclose all of the information we collect, as described above, to our transfer agent to process your transactions. Furthermore, the Fund restricts access to your nonpublic personal information to those persons who require such information to provide products or services to you. The Fund maintains physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your nonpublic personal information would be shared with nonaffiliated third parties.

Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account effective October 1, 2003. What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

For questions about these policies, or for additional copies of the Issachar Fund Privacy Policy Statement, please go to www.LIONX.net or contact the Fund at **1-866-787-8355** or P.O. Box 541150, Omaha, Nebraska, 68154.

1. ACCOUNT REGISTRATION

Please provide your primary legal address, in addition to any mailing address (if different).

Owner's Name (First, Middle, Last)

Social Security Number

Street Address

Date of Birth

City, State, Zip

Daytime Telephone

Email Address

Evening Telephone

- This is a new IRA account with the Issachar Fund. I have completed and enclosed an IRA Application with this transfer form.
- This is an existing IRA. Please apply transfer proceeds to my account number: _____

2. CURRENT IRA CUSTODIAN/TRUSTEE INFORMATION

Name of Current Custodian or Trustee

Account Name

Street Address

Account Number

City, State, Zip

Telephone Number of Current Custodian

Please attach a copy of the most recent statement for this account.

3. TRANSFER INFORMATION

Please transfer assets from the above account to Constellation Trust Company. Transfer should be in cash according to the following instructions:

This transfer is a: (check one)

- Complete Transfer. Please liquidate all assets in my account.
- Partial Transfer Liquidate \$ _____ from my account.
- Transfer in kind:
Please transfer _____ shares of _____
(Fund Name)

The type of account I am transferring from is a: (check one)

- Traditional IRA
 Rollover IRA
 SEP IRA
 Roth IRA
 Roth Conversion IRA
 Qualified Retirement Plan
 403 (B) Plan/Tax Shelter Annuity
 SIMPLE IRA

This transfer should be made: (check one)

- Immediately
- Upon maturity (if applicable). Maturity date is: _____
(Please return this form 2 weeks prior to maturity)

The type of account I am transferring to is a: (check one)

- Traditional IRA
 Rollover IRA
 SEP IRA
 Roth IRA
 Roth Conversion IRA
 SIMPLE IRA

I understand that the requirements for a valid transfer to a Traditional IRA or Roth IRA are complex and I acknowledge that I have the responsibility for complying with all requirements and for the tax results of any such transfer.

4. TAX WITHHOLDING ELECTION

Please complete this section only if you are transferring from another type of IRA to a Roth IRA

Under IRA rules, a transfer of a Traditional IRA, SEP IRA or SIMPLE IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the other IRA. IRS rules also require the custodian to withhold 10% of the conversion amount for federal income taxes unless no withholding has been elected. See IRS Publication 505, "Tax Withholding and Estimated Tax" for more information. State tax withholding may also apply if federal income tax is withheld.

No income tax withholding Withhold 10% for income tax Withhold _____% for income tax

Important: Withholding income taxes from the amount transferred (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of transferring from another IRA to a Roth IRA (consult your financial advisor if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box above. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

5. CERTIFICATIONS AND SIGNATURES

I certify to the current IRA custodian or trustee that I have established a successor Individual Retirement Custodial Account meeting the requirements of the Internal revenue Code to which assets will be transferred, and I certify to Constellation Trust Company that the account from which assets are being transferred meets the requirements of the Internal Revenue Code and that the transfer satisfies the requirements for nontaxable transaction. **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

IRA account Owner's Signature

Date

Medallion Signature Guarantee* (if required):

Some Custodians/Trustees require a signature guarantee to transfer assets. Please check with your Custodian/Trustee to see if they require a medallion signature guarantee. Failure to obtain a required signature guarantee may result in a delay in the transfer of assets.

*A signature guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.

6. CUSTODIAN ACCEPTANCE

Constellation Trust Company agrees to accept the transfer of the above amount for deposit in a Constellation Trust Company Individual Retirement Custodial Account for the individual set forth in Section 1 of this form, and requests the liquidation and transfer of assets as indicated above.

7. TRANSFER INSTRUCTIONS

Make check payable to: Issachar Fund

FBO: _____

Account Number: _____

Mail to:

Issachar Fund
c/o Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 68154
or
Via Overnight Delivery
17605 Wright Street, Suite 2
Omaha, NE 68130

Toll-free **1-866-787-8355**

www.LIONX.net

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