



NON-QUALIFIED TRANSFER OF ASSETS FORM

Please complete this form only if you are transferring assets directly to a new or existing non-qualified account with the Issachar Fund (the "Fund"). Please complete a separate form for each account you wish to transfer. 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 **1-866-787-8355** or go to www.LIONX.net

Instructions

1. If you are establishing a new account, please contact **1-866-787-8355** or go to www.LIONX.net about additional information that must be submitted with this Form.
2. Mail this Transfer Form to:
Issachar Fund
c/o Gemini Fund Services, LLC
P.O. Box 541150
Omaha, Nebraska 68154
Overnight Delivery:
Issachar Fund
c/o Gemini Fund Services, LLC
17605 Wright Street, Suite 2
Omaha, Nebraska 68130
3. Retain a copy for your records.

Fund's 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 Privacy Policy Statement, please go to www.LIONX.net or contact the Fund at 17605 Wright Street, Suite 2, Omaha, Nebraska, 68130 or **1-866-787-8355**.

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

2. INFORMATION ABOUT YOUR EXISTING ACCOUNT

Name of Firm Currently Holding Your Account

Account Name

Street Address

Account Number

City, State, Zip

Firm Telephone Number

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

3. TRANSFER INFORMATION

Please transfer assets from the above account to Issachar Fund. Transfers should be in cash or in kind 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)

- Individual
- Joint Tenant
- Transfer on Death
- Trust
- Other

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

- Individual
- Joint Tenant
- Transfer on Death
- Trust
- Other

4. CERTIFICATIONS AND SIGNATURES

I hereby authorize this liquidation and/or transfer in kind from my current financial institution to the account designated on this form. By signing below, I certify the information set forth herein is accurate and I have received and read a prospectus for the funds in which I am making my investment. To the extent that I have requested a redemption of mutual fund shares in connection with my transfer, I understand that such shares will be redeemed at the net asset value next determined after my transfer request is reviewed and determined to be in good order by the delivering firm.

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

Medallion Signature Guarantee* (if required):

Some Firms require a Medallion Signature Guarantee to transfer assets. Please check with your current firm 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.

Account Owner's Signature _____

Date _____

Joint Owner's Signature (if applicable) _____

Date _____

*A Medallion 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.

5. TRANSFER INSTRUCTIONS

Make check payable to:

Issachar Fund

FBO: _____

Account Number: _____

Mail to:

Mail this Transfer Form to:
Issachar Fund
c/o Gemini Fund Services, LLC
P.O. Box 541150
Omaha, Nebraska 68154

Overnight Delivery:
Issachar Fund
c/o Gemini Fund Services, LLC
17605 Wright Street, Suite 2
Omaha, Nebraska 68130

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