THE HENSSLER EQUITY FUND
Lighting the Way

IRA Transfer Documentation

For assistance, please call 1-800-936-FUND (3863). **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity. Applications without such information may not be accepted. Henssler Funds reserves the right to place limits on the transactions in your account until your identity is verified.

General Information

Present Custodian or Trustee:_____

Present Custodian or Trustee's Address:_____ City:_____ State:_____ Zip Code:_____

Participant:_____Social Security Number_____Account Number:_____

Birth Date: _____Phone Number:_____

Address:_____City:_____ State:_____ Zip Code:_____
(No P.O. Boxes)

Transfer Instructions

Direct transfer all or part of my present IRA with your organization in the manner indicated below:

1. Please make check payable as follows:

Fifth Third Bank, as the Custodian for _____IRA.
Participant's Name and Account Number

2. Transfer the assets in the manner prescribed below:

Assets Description	Quantity In IRA	Quantity To Be Transferred	Liquidate Immediately	Transfer At Maturity	Transfer In Kind

This transfer will (Check One) ☐ completely ☐ partially close my IRA.

3. Delivery instructions — Mail check to:

The Henssler Funds, Inc. P.O. Box 8796 Denver, CO 80201

4. If DTC eligible, DRC#_____

5. Type of IRA being transferred: ☐ Traditional IRA ☐ Rollover "Conduit" IRA ☐ SEP-IRA
☐ SIMPLE-IRA ☐ Regular Roth ☐ Rollover Conversion Roth IRA

Age 70-1/2 Restrictions

(Complete this section if you will be age 70-1/2 or older in the transfer year.) The following transfer restrictions apply to this transaction:

1. **Required Minimum Distribution.** I authorize the Custodian or Trustee named above (select one option).

☐ to distribute my required minimum distribution to me prior to transferring my IRA assets.

☐ to segregate and retain minimum distribution to me prior to transferring my IRA assets.

☐ I certify that I have already met my required minimum distribution for this IRA from another IRA. Transfer the entire balance.

2. **Required Elections.** (Complete only if you have reached your required beginning date, i.e., April 1 following the year in which you attain 70-1/2.)

a. My oldest primary beneficiary with respect to the transferring IRA is

Name:_____ Birth date: _____ Relationship _____

b. My life expectancy ☐ was ☐ was not being recalculated ☐ Not Applicable.

c. The life expectancy of my spouse beneficiary ☐ was ☐ was not being recalculated ☐ Not Applicable.

I am aware that the elections indicated above become irrevocable as of my required beginning date and will apply to the IRA with the new Custodian or Trustee indicated below.

Signatures

The transfer amount ☐ should ☐ should not be placed in a separate ("conduit") IRA. New IRA Account: _____

I understand that commingling regular IRA contributions with previously rolled assets from an employer plan may preclude me from subsequently rolling over funds from my rollover "conduit" IRA into another qualified plan or 403(b) plan. With such knowledge, I authorize and direct the Custodian/Trustee to place these transferred regular IRA contribution assets in my rollover "conduit" IRA or vice versa. I acknowledge that certain transfers may be required to be reported to the IRS.

Participant's Signature: _____ Date: _____

Accepting Organization — Our organization agrees to serve as the new Custodian or Trustee for the IRA account of the above-named individual, and as Custodian or Trustee, we agree to accept the assets being transferred.

New Custodian or Trustee: _____

Address: _____ City: _____ State: _____ Zip code: _____
(No P.O. Boxes)
Authorized Signature for Accepting Organization: _____ Date: _____

Left Blank Intentionally