

Please send completed form to:

Regular Mail Delivery

Cannabis Growth Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Cannabis Growth Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

REDEMPTION COMING FROM

Trustee/Custodian Name (Bank, Mutual Fund, ect.)

Trustee/Custodian Street Address

Trustee/Custodian City, State, and Zip Code

Telephone Number

Account Number or Certificate of Deposit

IMPORTANT INFORMATION

If you have any questions about this form, call 888.885.0588 . Use this form to purchase Cannabis Growth Funds when all or part of your holdings are being redeemed from another mutual fund account. **Do not use this form for IRA Transfers.** If you are establishing a new account with Cannabis Growth Funds, a Cannabis Growth Funds Account Application must accompany this form. Please read the applicable Prospectus carefully before investing.
Copies of this document shall be treated as original for all purposes. Void if not signed by account holder.

INVESTORS ARE REMINDED THAT

- A medallion signature guarantee is most likely required. Please confirm with your current mutual fund group.
- If a medallion signature guarantee is required, it may be obtained from a U.S. bank, member of a national securities exchange, savings and loan association, credit union, broker or other acceptable financial institution. A stamp or seal by a notary public may not be accepted. Corporations, trusts or estates may be required to submit additional documentation.

PART I: INVESTOR INFORMATION

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Primary Phone: _____ Email Address: _____

PART II: TYPE OF ACCOUNT

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other _____ | |

PART III: LIQUIDATION INSTRUCTIONS

I authorize and direct the current Trustee/Custodian to liquidate assets as follows and send all proceeds to the new Custodian identified below (select one).

- Immediately liquidate all assets and send the cash proceeds to the new Custodian.
- I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

Investment Description	Share Class (if applicable)	Approximate Value	Withdrawal Amount or %	Liquidation or Distribute In-Kind
1.			\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind <input type="checkbox"/> At Maturity
2.			\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind <input type="checkbox"/> At Maturity
3.			\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind <input type="checkbox"/> At Maturity
4.			\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind <input type="checkbox"/> At Maturity
5.			\$ _____ or _____ %	<input type="checkbox"/> Liquidate Immediately and Distribute <input type="checkbox"/> Distribute In-kind <input type="checkbox"/> At Maturity
TOTAL			\$ _____ or _____ %	

Addendum attached for additional investments. If you need additional space to list investments, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART IV: INVESTMENT SELECTION (RECEIVING ACCOUNT)

If you are opening a new account, a completed and signed Account Application must accompany this form		
Name of Investment	Share Class (if applicable)	Allocation
1.		\$ _____ or _____ %
2.		\$ _____ or _____ %
3.		\$ _____ or _____ %
4.		\$ _____ or _____ %
5.		\$ _____ or _____ %
6.		\$ _____ or _____ %
TOTAL		\$ _____ or _____ %

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART V: SIGNATURES

To Current Trustee/Custodian:

Please consider this your authority to see

\$ _____ %
Amount or Percentage

of my assets in the account identified in Section III and prepare a check made payable to:

Cannabis Growth Funds

FBO

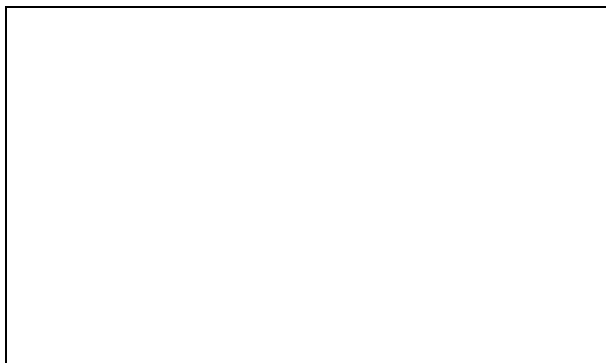
Account Number

I certify that I have received and read the Prospectus(es) and Privacy Policy for the Fund(s) into which I am transferring my Account.

X _____ Date: _____
Signature of Individual Owner, Trustee, Custodian, Corporation, Partnership or Other Entity

X _____ Date: _____
Signature of Joint Owner, Trustee or Custodian (if applicable)

X _____ Date: _____
Additional Owner's Signature (if applicable)



Medallion signature guarantee (if required)

Please check with your current trustee/custodian to determine if a Medallion signature guarantee is required to process this transfer.

A Medallion signature guarantee may be obtained from any eligible guarantor institution. These institutions include U.S. banks, savings associations, credit unions and brokerage firms participating in the Securities Transfer Association Medallion Program. Approved programs currently include STAMP, SEMP and MSP. **A notary public stamp or seal is not acceptable.**