



IVA Funds Non-Retirement Redemption Form

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to request a redemption from your IVA Funds non-retirement account. Please refer to the IVA Funds Prospectus for additional information regarding redemptions.

Mail To: IVA Funds
P.O. Box 219061
Kansas City, MO 64121-9061

Overnight Mail To: IVA Funds
430 W 7th Street
STE 219061
Kansas City, MO 64105-1407

For more information, call 1-866-941-4482 or visit the Funds' website at www.ivafunds.com.

1. ACCOUNT INFORMATION

Please provide the following information as it appears on your IVA Funds statement.

Account Owner (*UGMA / UTMA Custodian*)

First Name

MI

Last Name

Suffix

Joint Account Owner (*if applicable*)

First Name

MI

Last Name

Suffix

Name of Entity (*if applicable*)

Account Number

Telephone Number

2. REDEMPTION AMOUNT

Please select one of the following.

Partial Redemption

IVA Worldwide Fund: Class A Class C Class I \$ OR # of shares

IVA International Fund: Class A Class C Class I \$ OR # of shares

Full Redemption

IVA Worldwide Fund: Class A Class C Class I IVA International Fund: Class A Class C Class I

3. PAYMENT INSTRUCTIONS

Please select one of the following.

Mail check to address of record. (A Medallion Signature Guarantee is required in Section 5 for distributions requested within 30 days of an address change.)

Send proceeds to banking account on file via:

ACH (there is no fee for this option, can take up to three business days to hit your account.)

Wire (next business day, for an additional charge of \$15.00 deducted directly from the redemption proceeds.)

Send proceeds via ACH or WIRE (select one) to the following banking instructions (A Medallion Signature Guarantee is required in Section 5.)

Name on account:

Bank account number:

Routing number:

Send proceeds to Special Payee/Address. (A Medallion Signature Guarantee is required in Section 5.)

Payee Name

Street Address

City

State

Zip Code

4. COST BASIS INFORMATION FOR PARTIAL REDEMPTION

Prior to completing this section, you may wish to consult your accountant or tax adviser.

You do not need to complete this section if you are redeeming all shares from the account listed above, or if you are redeeming shares purchased prior to January 1, 2012. If you are using your current cost basis method for this partial redemption you do not need to complete this step.

Your current cost basis method will be used for partial redemptions unless you specify the shares to be redeemed below. If the share amount(s) you provide do not equal the total amount of shares indicated in Section 2, your current cost basis method will be utilized to complete this redemption. If your current method is "average cost," then shares will be depleted using "first-in, first-out" (FIFO).

If the current cost basis method on your account is "average cost" you cannot use another method for this partial redemption unless you first change or revoke your average cost election. Changing or revoking your average cost will then apply to this partial redemption and all future redemptions for this account.

To change or revoke the cost basis method for your account, please call 1-866-941-4482.

If you would like to utilize another cost basis method on your account for this redemption only, select one of the methods below.

First-in, first-out (FIFO)

High Cost

Loss/gain utilization

Last-in, last-out (LIFO)

Low Cost

Specific lot*

* If "specific lot" is selected please include the date of purchase and number of shares below. If nothing is provided we will redeem using the "first-in, first-out" (FIFO) method.

Date of Purchase (MM/DD/YYYY)

Number of Shares

Date of Purchase (MM/DD/YYYY)

Number of Shares

Date of Purchase (MM/DD/YYYY)

Number of Shares

Date of Purchase (MM/DD/YYYY)

Number of Shares

5. SIGNATURES AND AUTHORIZATION

In order to complete your request, the required number of authorized signers must sign below exactly as it appears on your account. By signing the below, the owner(s) of the above referenced account hereby authorizes the redemption specified in this form.

A Medallion Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is not acceptable.

A Medallion Signature Guarantee is required for each Account Owner's signature if requesting:

- Distributions within 30 days of an address change
- Distributions to be mailed to an address other than the address of record
- Distributions made payable to an individual/entity other than the Account Owner
- Distributions to a bank account NOT ON FILE

Affix Medallion Signature Guarantee Here

Account Owner's Signature

Date (MM/DD/YYYY)

Joint Account Owner's Signature (if applicable)

Date (MM/DD/YYYY)