

IRA Transfer Form

[If this is for an IRA Account, an IRA Account Application must accompany this form.]

Mail to: Matrix Capital Group, Inc.
 630-A Fitzwatertown Road 2nd Floor
 Willow Grove, PA. 19090-1904

For additional information, please call toll free 877-477-7373.

1. Investor Information

FIRST NAME	MI	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		
CITY / STATE / ZIP		
()	()	
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	

2. Transfer Instructions (Please complete only one of the following sections: A, B, or C. If necessary, attach additional sheets with all account holders' signatures.)

- A.
- Brokerage, Trust Company or Dividend Reinvestment Plan Account Transfer (Select the appropriate option and sign Section 3.)
 - Liquidate all shares immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
 - Liquidate only the following assets from my account. (Complete the table below and sign Section 3.)

Description of Asset (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")	Description of Asset (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")

- B.
- Mutual Fund Company Transfer (Complete table below and skip to Section 3. Do NOT complete this section if Section A is marked. Please use a separate Transfer Your Account form for each mutual fund company.)

Description of Assets/Name of Mutual Funds	Symbol	Quantity* (number of Shares or "All")	Transfer of Assets**	Fund Account Number (if held at fund company)	Mutual Fund Dividend/Gain Option***	
			Sell		Reinvestment	Cash

*If Quantity is not specified, the entire position will be transferred.
 **If In-Kind/Sell is not specified, the transfer will be processed In-Kind.
 ***If the option to reinvest is available, and you do not specify otherwise, dividends and capital gains will be reinvested.

- C.
- Bank or Credit Union Transfer (Select the appropriate option and skip to Section 3.)
 - Cash only: All or Partial \$_____.
 - Liquidate CD immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
 - Liquidate CD at maturity and transfer cash (submit 2-3 weeks before maturity date): _____.

Name of Firm Currently Holding Your Account: (Please attach copy of current statement.)

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR

ACCOUNT NUMBER

CONTACT PERSON

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

Send the check representing the assets payable to **“Listed Private Equity Plus Fund”** along with a copy of this form to:

Listed Private Equity Plus Fund

FBO [Shareholder Name]

[Account Number]

c/o Matrix Capital Group, Inc.

630-A Fitzwatertown Road 2nd Floor

Willow Grove, PA. 19090-1904

3. Investment Choices

A FUND IRA Account Application must be completed to process this transfer if a new IRA account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

		Amount	Percentage
Listed Private Equity Plus Fund	<input type="checkbox"/> Class A	\$ _____	OR _____%
	<input type="checkbox"/> Class C	\$ _____	_____ %

4. Age 70 ½ Information

Check one of the following:

- |
- I am under the age of 70 ½ and do not turn 70 ½ at any time during the calendar year
 - I am age 70 ½ or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.
- |

5. Conversion of Traditional IRA to Roth IRA

- Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.
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6. Signature and Certification

I certify that I have established an IRA with Catalyst Funds which Huntington National Bank is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize Matrix Capital Group, Inc. to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER (OR GUARDIAN IF IRA OWNER IS A MINOR)

DATE (Mo / Dy / Yr)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

7. Acceptance / Custodian Authorization

Huntington National Bank hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Catalyst Fund IRA on behalf of the Depositor authorizing this transfer or direct rollover.

Matrix Capital Group, Inc. as Agent for
Huntington National Bank.

Date

Before you mail, have you:

- Completed an Account Application if the transfer of direct rollover is going to a new account?
- Included copy of documents/statements from your current custodian or plan administrator?
- Signed the transfer form in Section 6?