

MUTUAL FUND

EXCHANGE FORM



1. ACCOUNT INFORMATION			
Account Holder Name:		New Direction Account Number:	
Phone Number:		Account Type:	
Email Address:		Date:	
2. EXCHANGE INFORMATION			
A. Fund to sell			
Name of Security		Ticker Symbol or CUSIP	Number of Shares to Remove
B. Fund to buy			
Name of Security		Ticker Symbol or CUSIP	Number of Shares
A mutual fund exchange can only occur if within the same fund family. To buy/sell mutual funds that are not within the same fund family, please complete a Publicly Traded Securities Sell Direction Letter and Publicly Traded Securities Buy Direction Letter.			
3. TRANSACTION FEE DISCLOSURES			
The following fees are associated with Mutual Fund Exchanges. By signing in section 5 of this form, I acknowledge I am responsible for the following fees prior to transaction funding.			
New Direction Trust Company Fees \$10- Transaction fee (*per security) *Minimum fee of \$20 on exchanges			
4. FEE PAYMENT OPTIONS			
Pay transaction fees via:		Credit Card Information (NDTCO accepts Visa, MasterCard, Discover and American Express)	
<input type="checkbox"/> My Account	Card Number:	3-digit Security Code:	Expiration Date:
<input type="checkbox"/> Credit Card	Exact Name on Card:	Signature:	
5. AUTHORIZATION			
I confirm that I am directing New Direction Trust Company (NDTCO), the Custodian, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment specified in this Form. I understand that the Custodian does not sell or endorse any investment products, and that the Custodian is not affiliated in any way with any investment provider. I understand that the role of the Custodian is limited, and its responsibilities do not include investment selection for my account. I certify that I have done my own due diligence investigation prior to instructing the Custodian to make this investment for my account. I understand that acceptance of Custodial Assets by NDTCO should not be construed as a favorable opinion as to the prudence or suitability of the investment for the Account Holder's IRA. NDTCO's review of any asset the Account Holder desires to purchase and hold in their Custodial Account should in no way be construed as a "due diligence" review. I understand that the Custodian does not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable			

federal, state, or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements. I acknowledge that the Custodian has not provided or assumed responsibility for any tax, legal or investment advice with respect to this investment, and I agree that Custodian will not be liable for any loss which results from my decision to purchase the investment. I understand that in processing this transaction the Custodian is only acting as my agent, and nothing will be construed as conferring fiduciary status on the Custodian. I agree that the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken in connection with this investment transaction or resulting from serving as the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me.

I understand that if this Form and any accompanying documentation are not received as required, or, if received, are unclear in the opinion of the Custodian, or if there are insufficient undirected funds in my account to fully comply with my instructions to purchase the investment and to pay all fees, the Custodian may not process this transaction until proper documentation and/or clarification is received, and the Custodian will have no liability for loss of income or appreciation.

I understand that all communication regarding this transaction must be in writing and must be signed by me or by my authorized agent on my behalf, and that no oral modification of my instructions will be valid. I understand that no person at the office of the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Form and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete.

I understand transactions with insufficient funds will not be processed until sufficient funds are received. If fees are being deducted from my account, the full amount of the transaction plus fees must be available before the transaction can be processed.

6. SIGNATURE

Account Holder Signature:	Date:
---------------------------	-------

FOR INTERNAL OFFICE USE ONLY			
Return To: _____	<input type="checkbox"/>	Signature Check	Fee Option/Invoice Cycle: \$ _____
Balance: _____	<input type="checkbox"/>	RTN	Trans Fee: \$ _____
CUSIP: _____	<input type="checkbox"/>	Innovest	Annual Admin Fee: \$ _____
Trans Code: _____	<input type="checkbox"/>	Funding Scan	Wire Fee: \$ _____
Fund Date: _____			FedEX Fee: \$ _____
Amt. Funded: _____			Total Fees: \$ _____