

TRANSACTION FORM

To transfer funds in or out of UCF accounts, please provide the following information. Once complete instructions are sent, transactions are processed in 3-5 business days. Send completed form to UCF's Client Services team at info@ucfunds.org.

1. PROVIDE UCF ACCOUNT INFORMATION (all required fields)

Date of Request: _____ Account Number: _____

Account Name: _____ Transfer Bank Account (Last 4 Digits): _____

2. SELECT ONE OF THE FOLLOWING OPTIONS:

☐ Deposit to UCF Account ☐ Withdrawal from UCF Account

3. DOLLAR AMOUNT OF TRANSACTION: _____

4. SELECT TO HAVE THIS TRANSACTION ALLOCATED AS FOLLOWS, OR LEAVE BLANK TO HAVE THE TRANSACTION PRORATED ACROSS CURRENT PORTFOLIO:

	Dollar Amount (\$)	OR	Percentage (%)
UCF Balanced Fund	_____		_____
UCF Beyond Fossil Fuels Balanced Fund	_____		_____
UCF Alternatives Balanced Fund *	_____		_____
UCF Total Equity Fund	_____		_____
UCF Fixed Income Fund	_____		_____
UCF Domestic Core Equity Fund	_____		_____
UCF Beyond Fossil Fuels Equity Fund	_____		_____
UCF International Equity Fund	_____		_____
UCF Small Cap Equity Fund	_____		_____
UCF Alternatives Fund * *	_____		_____
UCF Cash & Equivalents Fund	_____		_____
TOTALS	_____		_____

* UCF Alternatives Balanced Fund offers monthly liquidity and will be processed accordingly.

** UCF Alternatives Fund offers quarterly liquidity and will be processed accordingly.

☐ Check here if you want this transaction to reoccur. Please also indicate the details

Frequency(required): _____ Start Date: _____ End Date: _____

5. AUTHORIZATION INFORMATION

Authorized Officer Name: _____ Signature: _____