

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 amount: _____

☐ Withdrawal amount: _____

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

Fund Name	Deposit		Withdrawal	
	Amount (\$)	%	Amount (\$)	%
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: _____

4. AUTHORIZATION INFORMATION

Authorized Officer Name: _____ Signature: _____