Transfer Request Form



Integrity Fund Services, LLC PO Box 759 | Minot, ND 58702-0759 800-601-5593 | Fax 701-852-2548 www.integrityvikingfunds.com

Important Information

Use this form to transfer, sell or re-register shares of your Integrity Viking Funds account.

- If you are holding stock certificates for shares involved in this transfer, please return them with this form. Without them we will not be able to transfer the shares.
- If you are transferring shares into a NEW Integrity Viking Funds account, we will need an Account Application.
- · Any tax questions resulting from this transfer or redemption of securities should be directed to your tax adviser.
- DO NOT use this form for retirement accounts or to transfer proceeds as a claim on a deceased owner's account.

Owner's Full Name - First / M.I. / Last		SSN	SSN			
treet Address	City/State/Zip		Daytime Phone			
2 Integrity Viking Funds Acco	ount Information					
Check this box if transfer is to	an existing Integrity Viking Fund	ds account.				
Account Number	Account Number Fund Name					
Check this box if opening a ne	ew account - attached is a com	pleted application.				
3 Current Account Information	on					
· ·lease include a copy of your lates						
rease include a copy of your lates	of statement to expedite the pre	ocessing of your request.				
	or statement to expedite the pre	Account Number				
irm Name / Fund Company	or statement to expedite the pre					
irm Name / Fund Company treet Address	or statement to expedite the pre	Account Number				
irm Name / Fund Company itreet Address nvestment Name 4 Sell or Transfer Instructions		Account Number City/State/Zip				
irm Name / Fund Company treet Address nvestment Name 4 Sell or Transfer Instructions	S	Account Number City/State/Zip				
irm Name / Fund Company treet Address nvestment Name	s r Shares	Account Number City/State/Zip	\$ Amount <i>OR</i> Number of Shares			

If you are selling shares, make check payable to: Integrity Viking Funds, PO Box 759, Minot, ND 58702.



5 Authorization for Sale or Tra	ansfer of Shares -	ALL OWNERS M	UST SIGN			
X Owner Signature X Co-Owner Signature		Date				
			Date			
6 Medallion Signature Guara	ntee					
Signature Guaranteed By				Stamp Medallion S	eal	
Name	Title					
7 Donyosontativo Information						
7 Representative Information	1					
Registered Rep Name				Registered Rep Number		
Dealer / Firm Name		Branch Number				
Address		City/State/Zip		Emo	ail	