

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

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.

. NAME/ADDRESS	(Please Pilit)			
Owner Name: First	M.I.	Last		Social Security Number
Street Address				
City	State	Zip	Daytim	e Telephone No.
2. INTEGRITY VIKII	NG FUNDS ACCOUNT INF	ORMATION		
☐ Check this box if transfer is to	an existing Integrity Viking Funds Accour	nt.		
		Fund Name		
Account Number				
	w account – attached is a completed app	lication.		
☐ Check this box if opening a ne	w account – attached is a completed app	olication.		
☐ Check this box if opening a ne 3. CURRENT ACCO			ent.	
☐ Check this box if opening a ne 3. CURRENT ACCO	OUNT INFORMATION			nt Number
☐ Check this box if opening a ne 3. CURRENT ACCO To expedite the processing of y	OUNT INFORMATION		Accou	nt Number ment Name
☐ Check this box if opening a ne 3. CURRENT ACCO To expedite the processing of y Name of Firm/Fund Company	OUNT INFORMATION		Accou	
☐ Check this box if opening a ne 3. CURRENT ACCO To expedite the processing of y Name of Firm/Fund Company Address City	OUNT INFORMATION your request, please include a copy of	your latest statem	Accou	ment Name
Check this box if opening a new 3. CURRENT ACCORD To expedite the processing of your Name of Firm/Fund Company Address City 4. SELL OR TRANS	OUNT INFORMATION your request, please include a copy of State	your latest statem	Accou	ment Name
☐ Check this box if opening a ne 3. CURRENT ACCO To expedite the processing of y Name of Firm/Fund Company Address City	OUNT INFORMATION your request, please include a copy of State	your latest statem	Accou	ment Name

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

5. AUTHORIZATION I	FOR SALE OR TRANSF	ER OF SHARES	S			
ALL OWNERS MUST SIGN THIS S	SECTION.					
Signature (Owner)			Date			
Signature (Co-owner)			Date			
6. MEDALLION SIGN	IATURE GUARANTEE					
Signature Guaranteed By Name	Title	_	Stamp	o Medallion Seal		
7. REPRESENTATIV	E INFORMATION (PLEAS	E PRINT)				
Registered Rep Name	Registered Rep Numbe	er	Daytime	Telephone Number		
Branch Number	Address	City	State	Zip		
Dealer/Firm Name		E-mail				