



# Change of Registration Form

(Use this form for non-retirement accounts only)

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

**MAIL TO: MONETTA FUNDS**  
 c/o U.S. Bancorp Fund Services, LLC  
 PO Box 701  
 Milwaukee, WI 53201-0701

**OVERNIGHT MAIL TO: MONETTA FUNDS**  
 c/o U.S. Bancorp Fund Services, LLC  
 615 E. Michigan St., Floor 3  
 Milwaukee, WI 53202-5207

>>This form should be used to change the registration of an existing account. A New Account Application must accompany the form unless noted.

## 1 CURRENT ACCOUNT REGISTRATION

ACCOUNT NUMBER(S)	ACCOUNT NUMBER	ACCOUNT NUMBER
NAME OF TAXABLE OWNER / MINOR / TRUST	SOCIAL SECURITY NUMBER / TAX ID	
NAME OF JOINT OWNER / CUSTODIAN / TRUSTEE	SOCIAL SECURITY NUMBER / TAX ID	
NAME OF JOINT OWNER / TRUSTEE	SOCIAL SECURITY NUMBER / TAX ID	
PERMANENT STREET ADDRESS	(     ) DAYTIME PHONE NUMBER	
CITY	STATE	(     ) DAYTIME PHONE NUMBER

**Note: If the address listed above differs from the address currently in our records, by signing this form you authorize us to update all accounts associated with the Social Security number(s) or Tax ID number(s) provided with the new address.**

## 2 REASON FOR REGISTRATION CHANGE | (Please select one)

- Individual or Joint Account to Trust or Entity Account (complete sections 3 and 8)
- Remove or add an account owner or trustee (complete sections 4 and 8)
- Relinquish UTMA/UGMA account to taxable owner who has reached age of majority (complete sections 5 and 8)
- Change custodian on UTMA/UGMA account due to resignation of current custodian (complete sections 6 and 8)
- Gift shares to an individual or Entity (complete sections 7 and 8)

### 3 INDIVIDUAL OR JOINT ACCOUNT TO TRUST OR ENTITY ACCOUNT

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required. For Entity accounts, Entity documentation and a list of authorized signers are required.

NAME OF TRUST / ENTITY

SOCIAL SECURITY NUMBER / TAX ID

TRUSTEE / AUTHORIZED SIGNER

TRUSTEE / AUTHORIZED SIGNER

Please attach a separate sheet if there are more than two trustees or authorized signers.

#### Signature Requirements:

- All current account owners must sign in section 8.
- If a current account owner is not listed as a trustee of the trust, they must obtain a signature guarantee in section 8.
- If reregistering to an Entity, all account owners must obtain a signature guarantee in section 8.

### 4 REMOVE OR ADD AN ACCOUNT OWNER OR TRUSTEE

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.

ACCOUNT OWNER / TRUSTEE TO REMOVE

ACCOUNT OWNER / TRUSTEE TO REMOVE

ACCOUNT OWNER / TRUSTEE TO ADD

#### Signature Requirements:

- All current account owners must sign in section 8.
- Any account owner or trustee to be removed must obtain a signature guarantee in section 8.

### 5 Relinquish UTMA/UGMA to Taxable Owner (taxable owner has reached age of majority)

Please note that the age of majority for UTMA/UGMA accounts differs by state.

NAME OF TAXABLE OWNER (FORMER MINOR)

DATE OF BIRTH (MM / DD / YYYY)

#### Signature Requirements:

- The custodian must sign in section 8 and obtain a signature guarantee.

## 6 CHANGE CUSTODIAN ON UTMA/UGMA (current custodian is resigning)

**An application is not required. Please note that the new custodian must be an adult member of the minor's family, the guardian for the minor, or a trust company. Please complete the information below for the new custodian.**

Note: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized individuals. This information is used to verify your true identity. We will return the form if any of this information is missing, and we may request additional information for verification purposes.

NAME OF NEW CUSTODIAN

SOCIAL SECURITY NUMBER / TAX ID

DATE OF BIRTH (IF APPLICABLE)

PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)

DAYTIME TELEPHONE NUMBER




CITY

STATE

ZIP CODE

MAILING ADDRESS (IF APPLICABLE)

ALTERNATE TELEPHONE NUMBER




CITY

STATE ZIP CODE

### Signature Requirements:

- The current custodian must sign in section 8 and obtain a signature guarantee.
- The new custodian must sign below, or they may submit a separate signed letter of acceptance.

**By signing below, I accept the appointment to act as the custodian on the account(s) referenced in section 1. I also confirm that the information listed above is correct.**

\_\_\_\_\_  
SIGNATURE OF NEW CUSTODIAN

\_\_\_\_\_  
DATE

## 7 GIFT SHARES TO AN INDIVIDUAL OR ENTITY

**An application is required if the recipient is subject to 1099-B reporting. The date of the gift is deemed the date documentation required to process the transfer unless otherwise noted.**

**Note to recipient(s) of gift:** For an account using the cost basis method of Average Cost and consisting of gifted shares acquired at a loss, the fair market value (FMV) of the gifted shares will be applied as the adjusted basis, unless this section is signed by the gift recipient. If FMV is not accepted, the first-in, first-out cost basis method will be applied unless an alternate method, other than average cost, is provided on the New Account Application.

- Dollar amount to be gifted \$ \_\_\_\_\_
  Existing Account Number (not 1099-B reportable) \_\_\_\_\_  
 OR  
 Number of shares to be gifted \_\_\_\_\_
  New Account (an application must accompany the form)

NAME OF GIFT RECIPIENT

SOCIAL SECURITY NUMBER / TAX ID

DATE OF BIRTH (IF APPLICABLE)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

\_\_\_\_\_  
SIGNATURE OF GIFT RECIPIENT

\_\_\_\_\_  
DATE

**7 GIFT SHARES TO AN INDIVIDUAL OR ENTITY (Continued)**

Dollar amount to be gifted \$ \_\_\_\_\_  Existing Account Number (not 1099-B reportable) \_\_\_\_\_  
**OR**  
 Number of shares to be gifted \_\_\_\_\_  New Account (an application must accompany the form)

\_\_\_\_\_

NAME OF GIFT RECIPIENT

\_\_\_\_\_

SOCIAL SECURITY NUMBER / TAX ID

\_\_\_\_\_

DATE OF BIRTH (IF APPLICABLE)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

✓ **Under penalty of perjury, I certify that**

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends)

\*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
 SIGNATURE OF GIFT RECIPIENT

\_\_\_\_\_  
 DATE

Please attach a separate sheet if gifting to more than two recipients.

**Signature Requirements:**

- All current account owners must sign in section 9 and obtain a signature guarantee.

**8 SIGNATURES AND SIGNATURE GUARANTEE**

**Please review the applicable Signature Requirements prior to completing this section.**

I certify that all information provided on this Change of Registration Form is accurate and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of the information I have provided. I understand that I am responsible for any tax consequences which may result from the information I have provided.

A signature guarantee may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Account Owner     Trustee     Custodian     Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Account Owner     Trustee     Custodian     Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

Account Owner     Trustee     Custodian     Other \_\_\_\_\_

\_\_\_\_\_

SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
 DATE