Monetta Mutual Funds

Redemption Form

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

MAIL TO: MONETTA FUNDS
c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

OVERNIGHT MAIL TO: MONETTA FUNDS
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

1 ACCOUNT INFORMATION

NAME(S) OF ACCOUNT OWNER(S)

ADDRESS | *CITY / STATE / ZIP* | *SOCIAL SECURITY NUMBER* | *DAYTIME PHONE NUMBER*

2 REDEMPTION INFORMATION*

FUND NAME | *FUND NAME* | *FUND NAME*

ACCOUNT NUMBER | *ACCOUNT NUMBER* | *ACCOUNT NUMBER*

☐ Redeem exactly $ _____ upon receipt of this form. ☐ Redeem exactly $ _____ upon receipt of this form. ☐ Redeem exactly $ _____ upon receipt of this form. ☐ Redeem exactly $ _____ upon receipt of this form.

☐ Redeem entire balance upon receipt of this form. ☐ Redeem entire balance upon receipt of this form. ☐ Redeem entire balance upon receipt of this form. ☐ Redeem entire balance upon receipt of this form.

☐ Redeem exactly _____shares ☐ Redeem exactly _____shares ☐ Redeem exactly _____shares ☐ Redeem exactly _____shares

Redemption proceeds should be paid by:

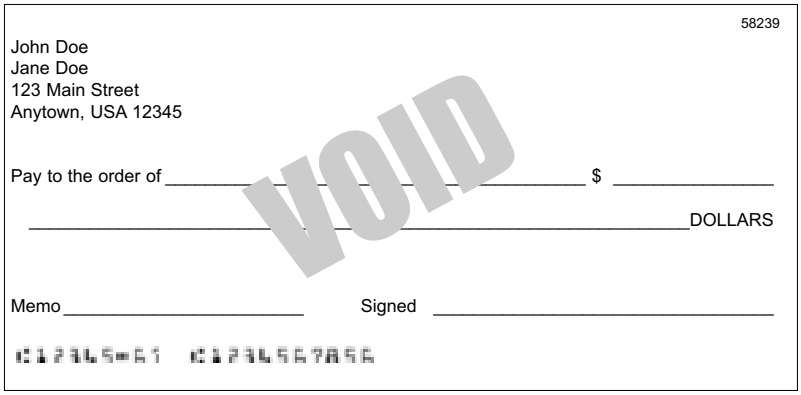
☐ Check to Address of Record ☐ ACH to Bank of Record ☐ Wire to Bank of Record (a fee may apply) ☐ *Overnight to Address of Record
☐ Third Party

THIRD PARTY NAME | *THIRD PARTY ADDRESS* | *CITY / STATE / ZIP*

*** A signature guarantee may be required based on the dollar amount of your redemption, or if the proceeds are being sent to a third party. Please consult the Fund's prospectus.**

3 BANK INFORMATION (Optional)

☐ **Add Bank Information (attach voided check)**
☐ **Change Existing Bank Information (attach voided check)**
☐ **My existing bank information is no longer valid.**



Please attach a voided check or pre-printed deposit slip.

☐ Checking

☐ Savings

*We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

*Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

4 DATE OF DEATH (If applicable)

In order to accurately provide gain/loss detail on the 1099-B tax form we require the shareholder's date of death.

DATE OF DEATH

5 SIGNATURES AND MEDALLION SIGNATURE GUARANTEE

I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through c/o U.S. Bank Global Fund Services, NA, on behalf of the applicable Fund. U.S. Bank Global Fund Services, NA, and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Redemption Form is accurate, and agree to hold U.S. Bank Global Fund Services, NA, harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

✔ 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 and 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 FATCA 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.

X		☐ Owner ☐ Authorized Signer	☐ Trustee ☐ Custodian ☐ Other *
SIGNATURE	*DATE (MM/DD/YYYY)*		
X		☐ Owner ☐ Authorized Signer	☐ Trustee ☐ Custodian ☐ Other *
SIGNATURE	*DATE (MM/DD/YYYY)*		
X		☐ Owner ☐ Authorized Signer	☐ Trustee ☐ Custodian ☐ Other *
SIGNATURE	*DATE (MM/DD/YYYY)*		

AUTHORIZED SIGNATURE GUARANTEE STAMP

DATE (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

* Note: If someone other than the registered account owner is signing this request we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity:

Administrator, Conservator, Executor, Guardian, General Partner, Personal Representative, Surviving Joint Tenant, Corporate Officer, Appropriate Person by Small Estate Affidavit, Power of Attorney, Minor Who Has Reached Age of Majority.

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