

Systematic Withdrawal Agreement



IntegrityVikingFunds®

THE NICHE FUND GROUP

Integrity Fund Services, LLC
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Account Information

Account Registration (as appears on statement)

Fund Account Number

Street Address

City / State / Zip

Home Phone

Work Phone

Email

Withdrawal Options

To initiate a withdrawal from your Integrity Viking Funds account, a minimum balance of \$5,000.00, is required in the fund from which you wish to withdraw. If your account balance is less than your systematic withdrawal amount, the account will be closed and the remaining balance will be sent to you.

I wish to initiate monthly quarterly semi-annual annual redemptions from my account in the amount of \$ _____ or _____ shares. The first redemption is to take place on the 1st or 25th of _____ Month.

Payment Options

Redemptions can be administered by checking one of the following options:

Mail a check to my registration address unless otherwise specified below. Payee and/or address will be the same as my account registration, unless otherwise indicated below (signature guarantee required):

Payee Name

Address / City / State / Zip

ACH the designated amount from my Integrity Viking Funds account into my personal checking or savings account on the given day chosen above.

A voided check **MUST** be attached to this form for verification. U.S. banks only.

Signature & Confirmation

Each account owner makes the following certifications:

I have provided accurate and complete information.

I have read and agree to all applicable account information.

I have reviewed the current prospectus for the fund and accept the term therein.

I understand that this agreement may be terminated at any time with written notification to Integrity Viking Funds

I understand that the signatures of all account holders are required and are included below.

X
Owner Signature

Date

X
Joint Owner Signature

Date

Signature Guarantee