



Akre Focus Fund Account Transfer Form

[Do not use this form to transfer IRA assets.]

DIRECTIONS: Fully complete all sections and send to the holder of your current investment. Contact your Financial Institution prior to submitting this for to determine if a signature guarantee is needed. See section 3 for more details.

In compliance with the provisions of the USA PATRIOT Act, you must have an Akre Focus Fund Account established *before* you submit this document to your current financial institution.

1. Account Information

FIRST NAME LISTED ON ACCOUNT (FULL NAME, TRUST NAME, ETC.)

SECOND NAME LISTED ON ACCOUNT (JOINT OWNER, TRUSTEE, ETC.)

ADDRESS ON ACCOUNT

CITY / STATE / ZIP CODE

(_____) _____
DAYTIME TELEPHONE NUMBER

(_____) _____
EVENING TELEPHONE NUMBER

2. Instructions to Current Financial Institution:

Dear _____
NAME OF CURRENT FINANCIAL INSTITUTION

Consider this your authorization to redeem my account(s) with you. My account numbers are:

	Amount to Redeem	
_____	<input type="radio"/> All Assets	<input type="radio"/> \$ _____
_____	<input type="radio"/> All Assets	<input type="radio"/> \$ _____
_____	<input type="radio"/> All Assets	<input type="radio"/> \$ _____

Please process this request:

immediately

OR

at maturity _____ (month / day / year)

Send the check representing the assets payable to:

The Akre Focus Fund

(TITLE / NAME ON [FUND] ACCOUNT)

Account Number _____
(YOUR [FUND] ACCOUNT NUMBER)

c/o U.S. Bancorp Fund Services, LLC

P.O. Box 701

Milwaukee, WI 53201-0701

Wire the proceeds to:

U.S. Bank, N.A.

ABA # 075000022

For: U.S. Bancorp Fund Services, LLC.

Account: 112-952-137

For further credit to:

Akre Focus Fund

(TITLE OF ACCOUNT)

([FUND] ACCOUNT NUMBER)

3. Signature and Certification

I certify that I have established an Akre Focus Fund Account. I understand that I am responsible for determining and understanding the tax consequences of any account transfer. I agree to hold the current holder of my account harmless against any and all situations arising from this transaction. I agree to consult with my own tax professional for advice.

X _____
SIGNATURE OF OWNER

DATE (Mo / Dy / Yr)

X _____
SIGNATURE OF OWNER

DATE (Mo / Dy / Yr)

SIGNATURE GUARANTEE*

IMPORTANT: Please contact your current Financial Institution to determine if a signature guarantee* is required.

* A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.