

Non-Qualified Transfer Form

ACCOUNT HOLD	ER INFORMAT	ION				
Full Name/Account	t Title:					
Street Address (no	P.O. Box):					
City:				State:	Zip Code:	
Daytime Phone:				Email:		
Fund(s) Name for Withdrawl:				AccounNumber(s):		
PLEASE TRANSF	ER MY ACCOU	JNT FROM				
Current Custodian I	Name:					
Bank/Savings	& Loan	Mutual Fund	Brokerage	Other		
Street Address:						
City:			State:	Zip Code:		
Accoiunt Number:				Email:		
FROM ACCOUNT TYPE				TO ACCOUNT TY		
Individual	Joint Tenant	Estate		Individual	Joint Tenant	Estate
Trust	UGMA/UTMA	Corporation or	Partnership	Trust	UGMA/UTMA	Corporation or Partnership
INVESTMENT SEL	ECTION					
Open a New Shelton Capital Management Account Invested in the Shelton Funds (must also complete an Account Application Form)						
Invest in my Existing Shelton Capital Management Account(s)						
Account #:			%	Account#:		%
SIGNATURE						
To Current Custoo	dian:					
Please consider this your authority to sell all my assets or \$ of my assets in the account identified above and prepare a check made payable to Shelton Funds. It is my intention to transfer these assets to my account at Shelton Capital Management. Please check with current custodian, as a medallion signature guarantee may be required.						
I certify that I hav	e received and	d read the prospectu	ıs for the Fui	nd into which I am t	ransferring my acc	count.
Owner Signature			Date			
Joint Owner Signature			Date			