



AMIDEX FUNDS, INC. TRANSFER INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

Use this form only when transferring your IRA directly from another institution. An IRA Application form must also be completed if a new account is being established. If you have questions about completing this form, call 888-876 3566. In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Whose IRA is This?

Full Name _____

_____-_____-_____
Social Security Number

Mailing Address (If mailing address above is a post office, a street address is also required by the USA Patriot Act) _____

_____/_____/_____
Date of Birth (required)

City _____ State _____ Zip _____

(____)-_____
Daytime Telephone

City _____ State _____ Zip _____

Email Address

Dealers and Financial Planners check here to request duplicate statements and complete information at the back of the form.

2. What Type of IRA is it Currently?

TRADITIONAL IRA

- Individual
- Transfer †
- Rollover
- Direct Rollover from 403(b)
- Direct Rollover from 401(k)
- Direct Rollover

ROTH IRA

- Individual
- Transfer from ROTH IRA to ROTH IRA *
- Rollover from ROTH IRA to ROTH IRA *
- * Date exiting ROTH IRA was originally opened ____/____/____

SEP IRA

- Individual

3. Information About Your Current IRA

Name of Resigning Trustee, Custodian or Institution

Address of Resigning Trustee, Custodian or Institution

(____)-_____
Phone Number of Resigning Trustee, Custodian or Institution

City _____ State _____ Zip _____

Your name, or name on Individual Retirement Account

Account Number

Name of Mutual Fund, Brokerage Firm or Bank, etc.

_____/_____/_____
Date Roth IRA Was Originally Opened

4. Please Complete for all Transfers

- Please deposit proceeds in my existing AMIDEX Funds IRA:
- I am opening a new account and have attached an IRA Application
- TRADITIONAL IRA
- ROTH IRA

My transfer should be invested as follows:

AMIDEX35 Israel Mutual Fund _____ Account Number * _____ % or Amount

AMIDEX Cancer Innovations & Healthcare Fund _____ Account Number * _____ % or Amount

* Write "new" if opening a new IRA account. I have established an IRA account with the AMIDEX Funds.

5. Age Information Please check one:

- I am under the age of 70-1/2 and do not turn 70-1/2 at any time during the calendar year; or
- I am age 70-1/2 or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

6. Dividend and Capital Gains Payment Options

(If no choice is made, dividends and capital gains will be reinvested.)

Income Dividends reinvested paid in cash

Capital Gains Distributions reinvested paid in cash



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7. Instructions to Resigning Custodian - Authorization to Transfer IRA Assets

Please liquidate and forward to AMIDEX Funds:

All Assets, _____ or Amount \$ _____

Upon maturity ____/____/____ or Immediately (I am aware of any penalty which may occur.)

I understand that this transfer of assets is to be executed as a custodian to custodian transfer so as not to put me in actual or constructive receipt of all or any part of the transferred assets.

Your name, or name on the Individual Retirement Account

Present IRA Account Number

Note: To the resigning custodian or trustee: Please attach a copy of this authorization to your check when you send it to the address below.

8. Telephone/Mail Redemptions

You may redeem shares from your account simply by calling Matrix Group Inc. Please check the box below to establish the Telephone Mail Redemption Service.

I want Telephone/Mail Redemption Service.

9. Acceptance by Custodian

Our organization agrees to serve as the new Custodian for the IRA account of the above-named individual. As Custodian: we agree to accept assets being transferred.

New Custodian: US Bank
Matrix Capital Group, Inc., Agent

Authorized Signature of Accepting Organization

____/____/____
Date

10. Signature

By signing the application establishing an IRA, the undersigned: (1) establishes an Individual Retirement Account pursuant to the Employee Retirement Income Security Act of 1974 and in accordance with all the terms of the Custodial Agreement on Form 5305-A or 5305-RA; (2) appoints US Bank or its successors, as Custodian of the Account, (3) states that he or she has received, read, accepts and specifically incorporates herein the Custodial Agreement on Form 5305-A or 5305-RA and the Disclosure Statement, (4) agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement, (5) acknowledges receipt of the current Prospectus of the Fund(s). Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number, and that I have not been notified by the IRS that I am subject to back-up withholding.

SIGNATURE

DATE

FOR BROKER USE ONLY

Broker/Dealer or Investment Advisor Authorization

The underlined Dealer/Advisor agrees to all applicable provisions on this application, and guarantees the genuineness of the signature on the Application. If the shareholder(s) do not sign the Application, the dealer warrants that this Agreement is complete in accordance with the shareholder's instructions and agrees to indemnify the Fund, Advisor, Distributor and The Matrix Capital Group, Inc. for any loss or liability from acting upon such instructions.

Representative/Advisor's Name _____ Rep's Number _____

Rep's Phone (____) - ____ - _____ Rep's Fax (____) - ____ - _____ Rep's Email Address _____

Firm's Name _____ Branch Number _____

Firm's Address _____
City State Zip

Representative/Advisor's Signature _____
DATE

For more information, please call 888-876 3566

Please mail complete application to:

**AMIDEX Funds, Inc.
c/o Matrix Group Inc.
630-A Fitzwatertown Road, 2nd Floor
Willow Grove, PA 19090**