

Request for Transfer

WesMark Funds Shareholder Services 1 Bank Plaza, 4th Floor Wheeling. WV 26003 (800) 864-1013

This form is to effect a transfer from an existing account to an account with the WesMark Funds. The assets may be from a bank, insurance company, another fund family, or other financial institution.

Send all completed documents to: WesMark Funds Shareholder Serivces, 1 Bank Plaza, 4th Floor, Wheeling, WV 26003. If you have any questions or need assistance, please call (800) 864-1013.

PLEASE PRINT OR TYPE ALL SECTIONS AND SIGN SECTION 5.

1. INFORMATION ABOUT YOUR CURRENT FINANCIAL INSTITUTION (PLEASE ENCLOSE A COPY OF A RECENT STATEMENT)

1. INI ORMATION ADOUT	OOK COKKLINT I IN	ANCIALINSTITO	IION (I LLASE LIN	LOSE A COLLOLAI	ALCEINI STATEMENT)
Name of Financial Institutio	n				
Contact Person			mber		
Address of Financial Institut	ion				
City				State	Zip
Name of Account Owner				Account #	
Type of Account Being Transferred:	☐ Traditional	□ Roth Ion-IRA) □ Join	SEP	SIMPLE IRA	Coverdell Education IRA
If transferring more than one	e account to WesMar	rk Funds, please co	omplete one form	for each type of acco	ount, i.e. Individual and IRA
2. TRANSFER OF ASSETS T An account has been estable					
Liquidate all of the asset	S				
Liquidate a portion of m	y retirement plan acc	count (please spec	ify which assets)		
\$	OR	% of (name of	f asset)		at your institution.
(For additional assets, p	olease provide a lette	er of instructions.)			
Transfer WesMark Funds	in kind				
Transfer Certificate of De	posit (Choose one)				
Liquidate prior to	maturity. I am awai	re that I may incur	a penalty for early	withdrawal.	
	urity. (Maturity date want to contact you				ays from the date of this of the account.)
3. INFORMATION ABOUT	YOUR WESMARK FL	JNDS ACCOUNT F	Please select one		
If you have an existing Wesh below. If you do not have a completed Account Application of the current financial institution of institution or custodian/trus	WesMark Funds accontion, a copy of a recentry or custodian/trustee.	ount of the type ne ent account statem . WesMark Funds v	ecessary to receive nent from your exi will complete Sect	the assets, make sur sting account and ar	re you enclose the appropriate ny forms required by your
Retirement Account Ap	plication enclosed		Regular (N	lon-Retirement) Acco	ount Application enclosed
Exisiting WosMark Fund	s Account Number				

4. FUND SELECTION PLEA	SE INDICATE THE AMO	UNT TO	BE INVESTED IN EACI	H FUND			
PLEASE INVEST MY ASSETS I	NTO THE ACCOUNT IN	DICATED	BELOW (Choose on	e)			
☐ Individual ☐ Joint		Other					
☐ Traditional IRA	☐ Traditional IRA ☐ Roth IRA		SEP - IRA	Roth IRA - Combin	ned Coverdell		
☐ IRA Rollover ☐ Roth IRA - Convert		verted	☐ SIMPLE IRA	SARSEP (establish	997)		
PLEASE INVEST MY FUNDS A	AS FOLLOWS: Please k	e sure t	he percentages add	l up to 100%.			
WesMark Growth Fund %		WesMa		%			
WesMark Small Company Growth Fund WesMark Balanced Fund		%	WesMa	rk West Virginia Muncipal B	ond Fund	%	
		%					
5. SIGNATURE SIGNATURE	GUARANTEE MAY BE	REQUIRE	D BY YOUR CURREN	T FINANCIAL INSTITUTION C	OR CUSTODIA	AN/TRUSTEE	
IRA Transfer, I certify to the present IRA custodian/trus Revenue Code Section 408(a) or 408A (as the case may IRA from which assets are being transferred meets the Signature - Owner			to which assets will	be transferred, and certify to Revenue Code Section 408	certify to WesBanco Bank that the		
Name (Please Print)		 Na	ame (Please Print)		Accour	nt Tax ID #	
Mail this form and a copy of your completed Retirement or Regulaceount, to: WesMark Funds ATTN: Shareholder 1 Bank Plaza Wheeling, WV 26003 Phone: (800) 864-104 Fax: (304) 234-9431 6. ACCEPTANCE BY CUST	llar Account Application Services	if this is a	a new	Signature Guarantee Stamp		ts Only)	
NOTICE TO EMPLOYER,						,	
An IRA account has been for the account of the abo Section 2. Please make the WesBanco Bank, Custoo	established for the abve-named individual ne check payable as f	above-na and, in	amed individual. W	/esBanco Bank, hereby a	-		
Mail To: WesMark Funds 1 Bank Plaza Wheeling, WV 26003 ACCEPTED: WESBANG	CO BANK, CUSTODI	AN		Phone Contact: Shareholder Services (800) 864-1013			
Authorized Signature 7. ACCEPTANCE BY WESN	IARK FUNDS				Date		
WesMark Funds agrees to ac		sets for th	ne account of the ab	ove named person(s) Pleas	se make the	check navable to	
WesMark Funds and mail to	-			-	mane the	E. Zeek payable to	
Authorized Signature				Date		05/10	

05/10