



Account Transfer Form

If this is for a New Account, a New Account Application must accompany this form.

[Do NOT Use For IRA Accounts]

Mail To: Scharf Funds
 c/o U.S. Bank Global Fund Services
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: Scharf Funds
 c/o U.S. Bank Global Fund Services
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

To Our Shareholder: Please submit this form to your current transfer agent or financial institution. If you are establishing a new Scharf Funds account, please submit a new account application to U.S. Bank Global Fund Services.

	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT		%
<input type="checkbox"/> Scharf Fund Retail Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Scharf Multi-Asset Opportunity Fund Retail Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>
<input type="checkbox"/> Scharf Global Opportunity Fund Retail Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>

1 Investor Information

<input type="text"/> ACCOUNT OWNER		<input type="text"/> STREET ADDRESS	
<input type="text"/> JOINT OWNER (IF APPLICABLE)		<input type="text"/> CITY / STATE / ZIP	
<input type="text"/> SOCIAL SECURITY NUMBER	<input type="text"/> DAYTIME PHONE NUMBER	<input type="text"/> Scharf Funds ACCOUNT NUMBER	
<input type="checkbox"/> New Scharf Funds Account			

2 Instructions To The Current Financial Institution

Please include a copy of your current account statement.

<input type="text"/> CURRENT CUSTODIAN OR PLAN ADMINISTRATOR		
<input type="text"/> ACCOUNT NUMBER	<input type="text"/> CONTACT PERSON	<input type="text"/> CONTACT NUMBER
<input type="text"/> STREET ADDRESS	<input type="text"/> CITY / STATE / ZIP	

CONTINUED

2 Instructions To The Current Financial Institution *continued*

Consider this your authorization to redeem my investment and transfer as directed below:*

All Assets **OR** \$ or %

Please process this request:*

Immediately **OR** At Maturity (month / day / year)

* If no option is selected, please transfer all assets immediately.

Instructions for Delivery (indicate how you want your current Trustee/Custodian to deliver the assets to US Bancorp Fund Services LLC)

Wire - Funds available immediately upon receipt, your Custodian/Trustee may charge a fee for this service

Check - Funds may not be available for 12-15 Business days

First Class Mail Overnight Delivery - Take the fee from my account Overnight Delivery via Third Party – Charge the fee to my FedEx or UPS account

FedEx UPS Account/Billing Number _____

Processing Instructions (indicate how you want us to initiate your transfer/rollover)

Standard Processing Service- No Charge, transfer form will be sent via First Class Mail

Overnight Delivery- \$15.00 fee, select one of the options below; if no selection is made we will use First Class Mail

• We will overnight your transfer form to your previous Custodian/Trustee

• Physical address must be provided, cannot overnight to a PO BOX

Use the attached check made payable to US Bancorp Fund Services LLC

Charge the \$15.00 fee to my third party billing provided below

FedEx UPS Account/Billing Number _____

Send the check representing the assets payable to “The Scharf Funds FBO [Shareholder’s Name]” along with a copy of this form to the address at the top of page one.

ACCOUNT OWNER

DATE (MM/DD/YYYY)

JOINT OWNER (IF APPLICABLE)

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE

Signature Guarantee (Signature guarantees will generally be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, as well as from participants in the New York Stock Exchange Medallion Signature Program and the Securities Transfer Agents Medallion Program (“STAMP”). A notary public is not an acceptable signature guarantor).