



Systematic Withdrawal Plan Application

1. Registration

Account Number

First Name	Middle Initial	Last Name	Social Security Number
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2. Terms

To establish a Systematic Withdrawal Plan (SWP), an account must have a current market value of \$10,000 or more, and must have dividends and distributions reinvested. Under a SWP, the shareholder will receive a periodic check in a stated amount, not less than \$50. Shares will be redeemed on the **25th** day of the month or quarter as may be necessary to meet withdrawal payments. Shares sold pursuant to the Systematic Withdrawal Plan will not be subject to a redemption fee. Redemption of shares to make payments under the Plan will give rise to a gain or loss for tax purposes.

Complete a separate form for each portfolio in which you wish to make automatic withdrawals.

3. Frequency and Amount (complete separate form for each fund)

Beginning in _____, please make payments in the amount of \$_____.
Month/Year \$50 minimum

Payments will be processed on the **25th** day of the month in the frequency indicated below:

Monthly Quarterly Semi-annually Annually

From:

- New Century Capital Portfolio (165) New Century Balanced Portfolio (166)
- New Century International Portfolio (169) New Century Alternative Strategies Portfolio (170)
- Money Market Portfolio (167)

4. Payee (indicate if payments are to someone other than registered owner)

- Check box if you want withdrawal sent to address of record.
- Check box if you want withdrawal sent via ACH as instructions indicate in section 5.

Name

Address

5. Bank Information and Authorization

Please attach a voided check from your bank account.

Bank Account Owner

Bank Account Joint Owner

Bank Name

Bank Street Address

City

State

Zip Code

ABA Number (9 Digits)

Account Number

Check One:

Checking

Savings

6. Signature and Certification to Avoid Backup Withholding

I am of legal age and have full authority to purchase shares in New Century Portfolios. I have received and read the current Prospectus and agree to its terms. I understand that by signing below, I hereby ratify all instructions given on this account. I agree that neither New Century Portfolios nor Ultimus Fund Solutions, LLC nor their affiliates will be liable for any loss, cost or expense for acting upon such instructions (by telephone or writing) believed by it to be genuine and in accordance with the procedures described in the Prospectus. This order is subject to acceptance by the fund.

The following is required by federal tax law to avoid 20% backup withholding:

By signing below, I certify under penalties of perjury that the social security or taxpayer identification number entered above is correct or I am waiting for a number to be issued to me and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box.

I have been notified by the IRS that I am subject to backup withholding.

Client Signature

Date

Client Signature

Date

7. Signature Guarantee

8. Acceptance

Representative Signature

Date

Principal Signature

Date