

NON-QUALIFIED TRANSFER FORM



INVESTOR INFORMATION

1050 17th Street, Suite 1710
Denver, CO 80265-2077

MAIN (800) 955-9988
FAX (303) 534-5627

www.sheltoncap.com

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____
() / /

Daytime Phone _____ Birthdate _____
()

Evening Phone _____ Email _____

PLEASE TRANSFER MY ACCOUNT FROM:

Current Custodian Name _____

Bank/Savings & Loan Mutual Fund Brokerage Other

Address _____

City _____ State _____ Zip Code _____

Account Number _____ Transfer at Maturity Date (if applicable) _____ / _____ / _____

FROM ACCOUNT TYPE

- Individual Joint Tenant Estate
 Trust UGMA/UTMA Corporation or Partnership

TO ACCOUNT TYPE

- Individual Joint Tenant Estate
 Trust UGMA/UTMA Corporation or Partnership

INVESTMENT SELECTION

- Open a New Shelton Capital Management Account
Invested in the Shelton Funds (please complete an Account Enrollment Form also)
- Invest in my Existing Shelton Capital Management Accounts
- Account # _____ (%) Account # _____ (%)
Account # _____ (%) Account # _____ (%)

SIGNATURE

To Current Custodian:

Please consider this your authority to sell all my assets \$ _____ 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 the above indicated fund at Shelton Capital Management. Please check with current custodian, as a signature guarantee may be required.

I certify that I have received and read the prospectus for the Fund into which I am transferring my account. Thank you for your prompt handling.

Signature of Owner

Date

Signature of Joint Owner

Date