



CALDWELL & ORKIN

INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR DISTRIBUTIONS

Complete the IRA Request for Distributions Form to request a one time or systematic distribution from your IRA. If you have any questions regarding this form, please call Shareholder Services at 1-800-467-7903.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) Date of Birth* Social Security Number*
Street Address (Physical Address)* Apartment # City* State* Zip Code*
Daytime Phone* Evening Phone

PART II: BENEFICIARY INFORMATION (*DENOTES REQUIRED INFORMATION) (Complete only if requesting a death distribution)

Beneficiary's Name* (First, M.I., Last) Date of Birth* Social Security Number*
Street Address (Physical Address)* Apartment # City* State* Zip Code*
Daytime Phone* Evening Phone

PART III: ACCOUNT INFORMATION

Table with 2 columns: Name of Investment, Account Number (if known). Row 1: Caldwell & Orkin - Gator Capital Long/Short Fund

PART IV: DISTRIBUTION METHOD AND TYPE

Select either a One Time or Systematic Distribution. Provide details about the distribution(s) you are requesting to assist us in meeting federal regulations for tax reporting.

[] One Time Distribution

Traditional (SEP) or SIMPLE IRA Distribution

[] Please redeem the entire account OR [] Please redeem \$ _____

I am: [] at least age 59 1/2 and this is a normal distribution. [] under age 59 1/2 and this is a premature distribution; I am aware I may be subject to the IRS 10% penalty.

Required Minimum Distribution

[] Please redeem \$ _____ for my Required Minimum Distribution. I am at least 70 1/2 years old.

PART IV: DISTRIBUTION METHOD AND TYPE-CONTINUED

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

Convert my Traditional IRA to a Roth IRA

Convert: All Shares Dollar Amount: \$ _____ Percentage: _____%

To: A new Roth IRA (Complete and enclose an IRA New Account Form)

My existing Roth IRA

Fund Name

Account Number

Caldwell & Orkin - Gator Capital Long/Short Fund

Roth IRA Distribution – If this is not a qualified distribution, an IRS penalty applies to the earnings portion of your distribution.

Please redeem the entire account OR Please redeem \$ _____

I am: at least age 59½ and this is a normal distribution.

under age 59½ and this is a premature distribution; I am aware of the IRS 10% penalty.

Recharacterize my Contribution

Recharacterize my contribution of \$ _____ for tax year _____ from my Roth account.

To: A new Traditional IRA (Complete and enclose an IRA New Account Form)

My existing Traditional IRA

Fund Name

Account Number

Caldwell & Orkin - Gator Capital Long/Short Fund

Recharacterize my Conversion

Recharacterize my Conversion for tax year _____

To: A new Traditional IRA (Complete and enclose an IRA New Account Form)

My existing Traditional IRA

Fund Name

Account Number

Caldwell & Orkin - Gator Capital Long/Short Fund

Please recharacterize \$ _____ OR Please recharacterize _____ shares

Return of Excess Contribution Plus Earnings

In what year was the contribution made?

Current Year Prior Year

Excess Contribution Amount: \$ _____

Earnings Attributable to Excess: \$ _____

PART V: DISTRIBUTION INSTRUCTIONS

- I wish to withdraw my entire account balance.
- I wish to make a one-time, partial withdrawal of \$_____.

Whether you provide the amount of your distributions or choose to have the amount calculated, please complete the Frequency of Distributions section. Systematic Distributions continue indefinitely unless you request cancellation.

Set Up Systematic Withdrawal for the Amount I Have Determined

- I wish to set up systematic withdrawals* in the amount of \$_____ on a Monthly Quarterly Semi-Annual Annual basis.
- 15th day OR last business day

Special Election Options for Those 70-1/2 or Older:

- I wish to make a one-time withdrawal of my required minimum distribution for (indicate year)_____.
- I wish to have my required minimum distribution for (indicate year)_____ calculated by the Trustee/Custodian and distributed to me in equal installments on a Monthly Quarterly Semi-Annual Annual basis.
(If Annual is selected, indicate the month in which you would like the distribution processed:_____.)
- 15th day OR last business day

Name of Investment	Withdrawal Amount or %
Caldwell & Orkin - Gator Capital Long/Short Fund	\$ _____ or _____ %

PART VI: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

- By Mail**
 - Mail check(s) to the address of record
 - Mail check to an address other than the one on the account (Provide address below)**

 Street Address (Physical Address)* Apartment # City* State* Zip Code*

- By ACH**
 - Electronically deposit the redemption proceeds to the bank on record
 - Electronically deposit the redemption proceeds using new bank instructions (please attach a voided check).**

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

Account Type: † Checking † Savings

PART VII: WITHHOLDING NOTICE AND ELECTION

Form W-4P OMB No. 1545-0415

Dept. of Treasury, Internal Revenue Service

Notice: The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. Generally, federal income tax withholding applies to the taxable part of your IRA distribution. Thus, for example, there will be no withholding on the return of your own nondeductible contributions from your Traditional IRA. You may waive withholding on your IRA distribution by signing and dating the IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or this substitute Form W-4P and returning it to your IRA Trustee or Custodian listed above. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding, ten percent will be withheld from your IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN.

If no election is made, we are **REQUIRED** to withhold 10% Federal Income Tax.

- Do NOT withhold federal income tax from my distribution.
 Withhold as indicated below

_____ % (at least 10%) federal income tax

PART VIII: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *IRA Distribution Request Form*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person): X _____ **Date:** _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

NEW TECHNOLOGY MEDALLION
SIGNATURE GUARANTEE STAMP

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Caldwell & Orkin - Gator Capital Long/Short Fund
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery

Caldwell & Orkin - Gator Capital Long/Short Fund
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

CUSTOMER PRIVACY NOTICE

FACTS

WHAT DOES CALDWELL & ORKIN FUNDS, INC. DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number ▪ Assets ▪ Retirement Assets ▪ Transaction History ▪ Checking Account Information ▪ Purchase History ▪ Account Balances ▪ Account Transactions ▪ Wire Transfer Instructions <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share your personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Caldwell & Orkin Funds Inc. chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Caldwell & Orkin Funds, Inc. share?	Can you limit this sharing?
For our everyday business purposes – Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share
For our affiliates' marketing purposes	Yes	Yes*

Questions?	Call (800) 467-7903
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To limit our sharing	<p>*Call (813) 282-7870</p> <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Who we are	
Who is providing this notice?	<p>Caldwell & Orkin Funds, Inc. Caldwell & Orkin – Gator Capital Long/Short Fund Ultimus Fund Distributors, LLC (Distributor) Ultimus Fund Solutions, LLC (Administrator)</p>
What we do	
How does Caldwell & Orkin Funds, Inc. protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.</p>
How does Caldwell & Orkin Funds, Inc. collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ Open an account ▪ Provide account information ▪ Give us your contact information ▪ Make deposits or withdrawals from your account ▪ Make a wire transfer ▪ Tell us where to send the money ▪ Tell us who receives the money ▪ Show your government-issued ID ▪ Show your driver’s license <p>We also collect your personal information from other companies.</p>
Why can’t I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ Sharing for affiliates’ everyday business purposes – information about your creditworthiness ▪ Affiliates from using your information to market to you ▪ Sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ Gator Capital Management, LLC <i>the investment adviser to Caldwell & Orkin Funds, Inc., could be deemed an affiliate.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies</p> <ul style="list-style-type: none"> ▪ <i>Caldwell & Orkin Funds, Inc. does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Caldwell & Orkin Funds, Inc. does not jointly market.</i>