

ACCOUNT PREFERENCES CHANGE FORM

- Use this form to add or change account preference and options on your existing mutual fund account
- Please complete separate forms for accounts that are not identically registered
- Acceptable methods of receipt include mail and fax (emails not acceptable)
- If your change requires a Medallion Signature Guarantee stamp, you may not fax the form – mail the original

1. Account Information

Fund Family Name Account Number(s)

Owner's Name Joint Owner's Name (if applicable)

Social Security Number or TIN Social Security Number or TIN

2. Address Update

Mailing Address City State Zip Code

If you are using a PO Box for a mailing address you must also list your physical street address:

Street Address City State Zip Code

3. Telephone Privileges

	Allow	Do Not Allow
Redemption by phone	<input type="checkbox"/>	<input type="checkbox"/>
Exchange by phone	<input type="checkbox"/>	<input type="checkbox"/>

4. Dividend and Capital Gain Distributions

	Reinvest	Cash.	
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	*If cash, please indicate how you would like your distributions to be paid. If nothing is marked we will mail a check to the address of record
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Mail a check to my address of record <input type="checkbox"/> Automatically deposit my proceeds to the bank account in Section 5 <input type="checkbox"/> Automatically reinvest my distributions in the following account:
			_____ Fund Name
			_____ Account Number

5. Banking Information

Type of Bank change: Adding bank information to this account*

Type of Bank account: Checking

Changing the bank information on this account*

Savings

Name on Bank account

Name of Bank

ABA routing number (first nine digits at bottom left on your check)

Account Number (at bottom right on your check)

***The immediate use of new or updated banking information requires a signature guarantee or signature validation (section 7). Please see the Fund prospectus for details regarding the restriction period.**

If you do not specify that you are adding bank information, we will change the purchase bank information on your account. If you have difficulty determining your ABA routing number, account number, or are using a savings account, please contact your bank.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PLEASE DO NOT USE A DEPOSIT TICKET

6. Name Change

I hereby certify that _____ and _____

Old Name

New Name

are one and the same person.

Medallion Signature Guarantee Stamp or Signature Validation Program Stamp may be required. Please see section 7.

7. Please Read and Sign Below

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

All Account Owners Must Sign

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if applicable)

Date

*The Funds and their transfer agent will accept a Medallion Signature Guarantee Stamp or Signature Validation Program Stamp executed by eligible issuers participating in the Securities Transfer Agents Medallion Program 2000 (STAMP 2000) on your non-financial account request. Eligible issuers include U.S. domestic banks, credit unions, savings associations (including savings and loan associations), trust companies, national securities exchanges, registered securities associations, clearing agencies, and participating brokers/dealers. Please keep in mind that if any part of your request results in a financial transaction, we will require a Medallion Signature Guarantee. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee
OR
Signature Validation Stamp

Medallion Signature Guarantee
OR
Signature Validation Stamp

Mail Completed Form:

Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246-0707

Overnight Deliveries:

Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax: 877-513-0756