

# 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\*  
 Changing the bank information on this account\*

Type of Bank account:  Checking  
 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)

**\*If you are adding or changing bank information on your account, please have your signature guaranteed or validated in section 7**

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 is 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 541150  
Omaha, NE 68154

**Overnight Deliveries:**

Ultimus Fund Solutions  
4221 N 203<sup>rd</sup> St, Suite 100  
Elkhorn, NE 68022

**Fax:** 402-963-9094