Account Preferences Change Form

- Use this form to add or change account preferences and options on your existing mutual fund account
- Please complete separate forms for accounts that are not identically registered
- If your change requires a Medallion Signature Guarantee stamp, Guarantee stamp, the original form must be mailed

1. ACCOUNT INFORMATION (*Required Information)

Name of Fund*

Account Number*

Owner's Name* (First, M.I., Last)

Joint Owner's Name* (First, M.I., Last)

Street Address (Physical Address)*

Street Address (Physical Address)*

Telephone Number

Date of Birth

Telephone Number

Date of Birth

2. ADDRESS UPDATE

Mailing Address

City

State

Zip Code

NOTE: If you are using a P.O. Box for a mailing address you must also include your physical street address

Street Address

City

State

Zip Code

New Telephone Number

○ Cell Phone ○ Home Phone

NOTE: Resumptions to a newly updated address will require the request to come in writing with a Medallion Signature Guarantee. Please see the Fund's prospectus for details regarding potential restriction periods.

☐ **Add Interested Party to receive statements**

Name

Mailing Address

City

State

Zip Code

3. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Dividends ○ Reinvest ○ Cash*
Capital Gains ○ Reinvest ○ Cash*

*If 'Cash' is selected, please indicate how you would like your distributions to be paid. If no selection is made we will default to mail a check to your address of record.

○ Mail a check to my address of record
○ Send my Dividends and Capital Gains to the bank account listed in Section 6.
○ Reinvest my Dividends and Capital Gains in to an additional existing account

Account Number

Fund Name

4. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the ACH network. If you choose this option, please complete **Section 7 and attach a voided check.** The amount designated will be invested in each fund included in section 3, at the frequency designated below. If you would like to designate different AIP amounts by fund, please do so with a separate letter of instruction, through your online account, or by calling our Investor Services team after the account has been established.

Amount: $ ($25 minimum)

Frequency (choose one):

○ Monthly ○ Twice Monthly ○ Quarterly ○ Annually ○ Twice Annually

Start Date: Month: Day*:

Second Date (for twice options): Month: Day*:

* If no day is specified, the draft will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month.

5. NAME CHANGE

Please update the name on my account from

to my new name

*Please include of copy of your court documents (for example, Marriage Certificate, Divorce Decree, etc...) that certify your name change. If no supporting documents are included, you must sign Section 9 in both your old and new name and contain a Medallion Signature Guarantee.

****Your signature in section 8 must include a Medallion Signature Guarantee (MSG) if your account balance is over $100,000.00**

6. BANK INFORMATION

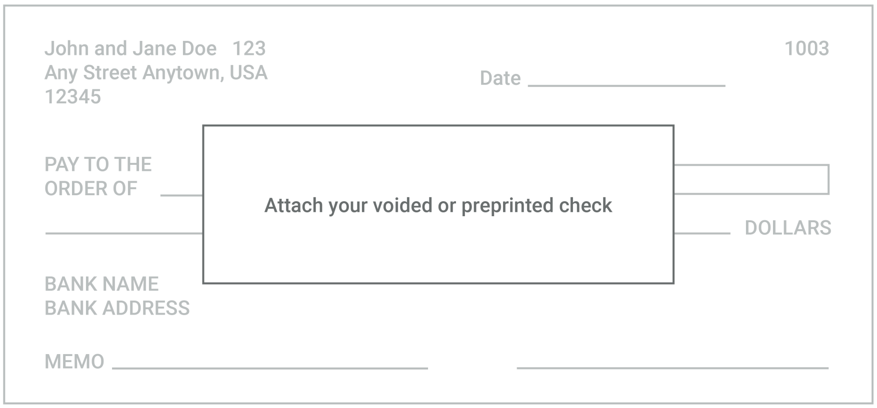
Request Type ◯ Adding new bank information to my account
◯ Change the existing bank information on my account

NOTE: Redemptions to a newly added or updated bank account will require the request to come in writing with a Medallion Signature Guarantee. Please see the Fund's prospectus for details regarding potential restriction periods.

Account Type: ◯ Checking ◯ Savings

Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Note: Temporary or starter checks are not accepted.



7. COST BASIS ELECTIONS

Use this section to elect or change a method of cost basis calculation for shares purchased in a non-IRA account. Cost basis and gain/loss information from sales of these shares will be reported to you and the Internal Revenue Service (IRS). You will need to report capital gains/losses to the IRS when you file your taxes.

Please note: Neither Ultimus Fund Solutions, LLC (UFS), nor its representatives are legal or tax advisors. Before making any financial commitment or decisions regarding the issues discussed here, consult with the appropriate professional advisor.

UFS' default cost basis calculation method is First-In, First-Out (FIFO). Unless you elect a specific cost method in this section or at the time of your transaction (if applicable), UFS' default method will apply on taxable transactions that occur in your account from shares purchased.

◯ Average Cost
◯ First-In, First-Out
◯ Last-In, First-Out
◯ High Cost In, First-Out
◯ Highest Cost Long-Term In, First Out
◯ Highest Cost Short-Term In, First Out
◯ Lowest Cost In, First Out
◯ Lowest Cost Long-Term In, First Out
◯ Lowest Cost Short-Term In, First Out
◯ Specific Share Identification*

NOTE: If you would like to select a different cost basis method for each fund in your account, please provide that information on a separate sheet with the date and your signature.

*If you choose Specific Share Identification and do not provide specific instructions in good order at the time of each sale (including systematic withdrawals), we will default to the First In First Out method.

◯ **Please apply the above changes to future purchases only**
◯ **Please apply the above changes for future purchase as well as for current cost basis sharelots (if applicable)**

8. SIGNATURE AND MEDALLION SIGNATURE GUARANTEE

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, LLC shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions, LLC 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

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

If requesting a name change in Section 5, please sign in your old name

Signature of Owner | Date

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

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee OR Signature Validation Stamp	Medallion Signature Guarantee OR Signature Validation Stamp

9. MAILING INSTRUCTIONS

Please send completed form to:	***Regular Delivery***	***Overnight Delivery***	***Fax***
	Ultimus Fund Solutions, LLC P.O Box 541150 Omaha, NE 68154	Ultimus Fund Solutions, LLC 4221 N 203rd Street, Suite 100 Elkhorn, NE 68022	1-402-963-9094