



Mutual Fund Redemption/Exchange Request Form

I. SHAREHOLDER INFORMATION

Shareholder Name: _____ Account Number: _____
First MI. Last

Joint Tenant Name: _____
First MI. Last

Mailing Address: _____
Street City State Postal Code

Date of Birth: ____/____/____ Social Security Number: ____/____/____
Month Day Year

Daytime Telephone Number: (_____) _____

II. TYPE/AMOUNT OF REDEMPTION/EXCHANGE

Full Redemption/Exchange
Fund Name: _____

OR

Partial Redemption/Exchange
Fund Name: _____
Specify Dollar Amount: \$ _____ **or** Specify Share Amount: _____

III. PAYMENT INSTRUCTIONS (check only one)

- Mail check to address of record.
 Exchange to Fund Name: _____
 Mail check to the third party address specified below (**Medallion Signature Guarantee is required***)

Payee Name: _____

FBO Name and/or Account #: _____

Street Address: _____
Street City State Postal Code

Wire Transfer* Name on Account: _____
(Fee may apply**) Account Number: _____
Name of Bank: _____
ABA Routing Number: _____
Bank Telephone Number: _____

ACH Transfer* Name on Account: _____
Account Number: _____
Name of Bank: _____
ABA Routing Number: _____
Bank Telephone Number: _____

ACH Transfers must have a voided check attached to this form. The ACH will not be established without a voided check.

**A Medallion Signature Guarantee is required if you are requesting a check payable to a third party or sent to a third party address or a wire transfer or ACH transfer to a bank address that is not currently established on your account.*

*** A fee may apply to wire transfers. Please see the most recent prospectus or contact Shareholder Service for further details. In addition, your bank may impose a charge for receiving wires.*

IV. SIGNATURE & MEDALLION SIGNATURE GUARANTEE STAMP
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Shareholder Signature _____ Date _____

Joint Shareholder Signature _____ Date _____

Use the space above for Medallion Signature Guarantee Stamp, if required.

The medallion signature guarantee stamp provides proof of identity and must be issued by a member of the medallion program. It 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. Banks, Savings Associations, Brokers, Dealers, or Credit Unions that are members of the medallion program can provide the needed guarantee. Please note that a Notary Public stamp is not acceptable.

Please return this form to:

(Fund Name)
c/o Ultimus Fund Solutions, LLC
PO Box 541150
Omaha, NE 68154

Or Via Overnight Delivery:
4221 N 203rd St Ste 100
Elkhorn, NE 68022

Telephone: (402) 493-4603
Facsimile: (402) 963-9094

Ultimus Fund Solutions, LLC serves as transfer agent for the Fund identified above.