

Account Preferences Change

For assistance in completing this form please call **1-888-726-9331**

- 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

Account Number(s) _____

Account Owner's Name _____ Social Security # or TIN _____

Joint Account Owner's Name (if applicable) _____ Social Security # or TIN _____

2 ADDRESS UPDATE

Mailing Address _____ City _____ State _____ Zip _____

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

Street Address _____ City _____ State _____ Zip _____

3 PHONE PRIVILEGES

	Allow	Do Not Allow
Exchange By Phone	<input type="checkbox"/>	<input type="checkbox"/>

4 DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

	Reinvest	Cash*
Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains	<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.**

Mail a check to my address of record

Automatically deposit my proceeds to the bank account in **Section 6**

Automatically reinvest my distributions in the following account:

Fund Name _____ Account Number _____

5 NAME CHANGE

I hereby certify that

Old Name _____ **AND** New Name _____

are one and the same person.

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

6 BANKING INFORMATION

Type of Bank Change*

Adding information Changing information

Type of Bank Account

Checking Savings

Name on Bank Account _____ Name of Bank _____

ABA routing number (first nine digits/bottom left on your check) _____ Account Number (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

7 PLEASE READ & 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 _____

Medallion Signature Guarantee* OR Signature Validation Stamp

Medallion Signature Guarantee* OR Signature Validation Stamp

*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.

Send completed form to:

Mail
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246-0707

Overnight Deliveries
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax
877-513-0756