

# 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

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

## 4 DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

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

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**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 \_\_\_\_\_

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**