

CLEAR FORM >>

ACCOUNT INFORMATION

Information in this section is **required**.

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

Account Number*

Social Security Number or Tax ID Number*

Fund Family Name*

Joint Owner's Name (If Applicable)

Joint Owner's Social Security Number or Tax ID Number (If Applicable)

PLEASE WRITE INSTRUCTIONS BELOW

REQUIRED SIGNATURES

Signature of Account Owner

Date (MM/DD/YY)

Joint Owner (If Applicable)

Date (MM/DD/YY)

*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

Regular Mail: PO Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery: Ultimus Fund Solutions, LLC
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246