Beneficiary Designation

Customer Information:

_____
Name

_____
Mutual Fund Name

_____
Investor Number Social Security Number

Use this form to notify Mutual Shareholder Services (transfer agent) that you are adding, updating or removing beneficiary information.

When making a Beneficiary change, you must change or confirm both your Primary and Contingent Beneficiary designations. Leaving a section blank constitutes an update and will delete any Primary or Contingent Beneficiaries, as applicable. You man assign different percentage to each Beneficiary. Ensure that your percentages total 100%.

Your Contingent Beneficiary is any one or more persons, trusts, or entities that you choose to receive your account assets if there our no surviving Primary Beneficiary(ies) at the time of your death.

Designating your Beneficiary(ies)

I hereby designate the person(s) named as primary beneficiary(ies) to receive payment of the value of my mutual fund account as indicated herein upon my death. If the beneficiary is my estate, I will indicate "Estate" in the primary beneficiary section. For trusts, I will include the trust address, and trustee(s) names on as separate piece of paper.

If more than one person is named and no percentages are indicated, payment shall be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death, the balance is to be distributed to the contingent beneficiary(ies)

Primary Beneficiary(ies) Information:

Name

Address

Social Security Number Date of Birth Relationship Percentage

Name

Address

Social Security Number Date of Birth Relationship Percentage

Contingent Beneficiary(ies) Information:

Name

Address

Social Security Number Date of Birth Relationship Percentage

Name

Address

Social Security Number Date of Birth Relationship Percentage

Signature:
I am aware that this form becomes effective when delivered to and accepted by Mutual Shareholder Services (transfer agent), and will remain in effect until Mutual Shareholder Services receives and accepts another form with a later date.

The beneficiary information provided herein shall apply to my mutual fund account and shall replace all previous designation(s).

Signature Date

Return form to: Mutual Shareholder Services, LLC
8000 Town Centre Drive, Suite 400
Broadview Heights, Ohio 44147