



VALUE FUND
INCOME FUND
FOCUS FUND

Send completed forms to:
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Fund Automatic Investment (ACH) Form

1. Account Information

Account Holder Name(s): _____

Account Number: _____
(Leave blank if form accompanies new application)

2. Transfers (\$50 Minimum)

Transfer the amount of \$ _____ TO the account listed above on the frequency selected below.

Please select one option

- Monthly beginning on the 10th of _____ (insert month)
- Quarterly beginning on the 10th of _____ (insert month)
- Annually beginning on the 10th of _____ (insert month)

Please select which fund:

Croft Value Fund: \$ _____ (or %)

Croft Income Fund: \$ _____ (or %)

Croft Focus Fund: \$ _____ (or %)

3. Bank Information – Please complete with your bank information

Bank Name: _____

Bank Address: _____

Account Number: _____

ABA Transit Routing Number (Bank): _____

Checking or Savings: _____

Please attach a copy of a voided check (for checking account) or a pre-printed deposit slip (for savings account) from the bank to enable transfer of funds.

I hereby authorize Mutual Shareholders Services, upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Mutual Shareholder Services***, in such time and manner as to afford Mutual Shareholder Services and the bank a reasonable opportunity to act upon it.

Signature of Primary Account Holder

Date

Signature of Additional Account Holder

Date

For Joint Account Registrations:

If the name(s) on your bank account in Section 1 are not identical to mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

Bank Account Owner's Name

Bank Account Owner's Signature

Date