

GEMINI FUND SERVICES, LLC
PO Box 541150
Omaha, Nebraska 68154
Fax: 402.963.9094

Overnight Deliveries:
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022

Account Preferences Change Form

- 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.
- If your change requires a Signature Guarantee stamp, you may not fax the form - mail in the original instead.
- Questions? Call (402) 493-4603

1. Please tell us which accounts you would like to change.

Existing Fund/Account Number	Owner's Name
Existing Fund/Account Number	Joint Owner's Name (if applicable)
Existing Fund/Account Number	Social Security or TIN

2. What bank would you like to use for the options on your account?

Type of Bank Change: <input type="checkbox"/> Adding bank information to this account* <input type="checkbox"/> Changing the bank information on this account*	Type of Bank Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account+
Name of Bank Account	Other Name on Bank Account (if applicable)
ABA Routing Number+ (first nine digits at the bottom left on your check)	Account Number (at bottom right on your check)

*If you are adding or changing bank information on your account, please have your signature guaranteed in Section 8.
 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.

3. Would you like to add or change your purchase options?

Purchase Using a Bank Transfer (ACH)	On	Off
	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Monthly Investment Program	<input type="checkbox"/>	<input type="checkbox"/>

Our Automatic Monthly Investment Program allows you to make scheduled investments into your mutual fund accounts directly from the bank you designate in Section 2. The minimum monthly investment is \$100 for all types of accounts. The program takes a few weeks to establish, so your first withdrawal will occur no sooner than two weeks after the receipt of this form.

		\$	
Fund Name	Account Number	Monthly Investment Amount*	Monthly Investment Date*
		\$	
Fund Name	Account Number	Monthly Investment Amount*	Monthly Investment Date*
		\$	
Fund Name	Account Number	Monthly Investment Amount*	Monthly Investment Date*

*If no date is specified, investments will be made on or about the 20th of each month. If no dollar amount is specified, investments of \$100 will be made. IRA contributions will be credited as contributions for the year in which shares are purchased. If you want to make prior-year contributions, please check the boxes below indicating which months we should code as prior-year contributions.

- January February March April (must be before the 15th)

4. Would you like to add or change your redemption options?

For security reasons, if you are adding these options to your account, please have your signature guaranteed in Section 8.

Redemption by Phone (to your address of record)	On	Off
Redemption by Wire (into the bank account in Section 2)*	<input type="checkbox"/>	<input type="checkbox"/>
Redemption by Bank Transfer/ACH (into the bank account in Section 2)*	<input type="checkbox"/>	<input type="checkbox"/>
Systematic Redemption (see below)	<input type="checkbox"/>	<input type="checkbox"/>

\$ _____	OR	_____	_____
Dollar Amount		Share Amount	Beginning Month

Redemption Date* _____	Frequency (monthly, quarterly, etc.) _____
------------------------	--

Check One: Mail a check to my address of record Automatically deposit my proceeds into the bank account in Section 2

*Redemption by Bank Transfer/ACH is not available on retirement accounts.
*If no date is specified, systematic redemptions will occur on or about the 24th.

5. Would you like to change your dividends distribution options?

Dividends	Reinvest <input type="checkbox"/>	Cash* <input type="checkbox"/>	*If cash, please indicate how you would like your distribution to be paid.
			<input type="checkbox"/> Mail a check to my address of record
			<input type="checkbox"/> Automatically deposit my proceeds into the bank account in Section 2.
			<input type="checkbox"/> Automatically reinvest my distributions in the following accounts

Fund Name/Account Number

6. Would you like to change your capital gains distribution options?

Capital Gains	Reinvest <input type="checkbox"/>	Cash* <input type="checkbox"/>	*If cash, please indicate how you would like your distribution to be paid.
			<input type="checkbox"/> Mail a check to my address of record
			<input type="checkbox"/> Automatically deposit my proceeds into the bank account in Section 2.
			<input type="checkbox"/> Automatically reinvest my distributions in the following accounts

Fund Name/Account Number

7. Do you want to change the address on your account(s)?

LEGAL ADDRESS (Must be a street address)

Street Address

Daytime Telephone

City, State, Zip

Evening Telephone

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address

City, State, Zip

8 Please read and Sign Below.

All account owners must sign.

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 Gemini Fund Services, LLC shall be fully protected in honoring any such transaction. I also agree that Gemini Fund Services, LLC 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.

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if applicable)

Date

The medallion signature guarantee stamp provides proof of identity and must be issued by a member of the medallion program. It must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Banks, Savings Associations, Brokers, Dealers, or Credit Unions that are members of the medallion program can provide the needed guarantee. Please note that a Notary Public stamp is not acceptable.

PLACE MEDALLION SIGNATURE GUARANTEE(S) HERE.