

## **Automatic Investment Plan**

- Use this form to establish an Automatic Investment Plan (AIP) on your account. An AIP allows you to add regularly
  to your mutual fund account by authorizing us to deduct money directly from your checking or savings account on a
  periodic basis.
- · Your bank must be a member of the Automated Clearing House (ACH) to establish an AIP.

Fund Family Name	d Family Name			Account Number(s)			
Owner's Name		Social Secu	Social Security Number				
Date of Birth		Telephone	Telephone Number				
Street Address		City	City		Zip Code		
2. AUTOMATIC INVES	TMENT DI AN						
	gularly to the Fund by auth	orizing us to deduct	money directly f	rom your che	cking account every		
month. Your bank must b	oe a member of the ACH ne	etwork. If you choose	this option, plea	ase complete	and attach a voided		
	nated will be invested in each AIP amounts by fund, pleas						
	der Services team after the			ction, through	your ornine account,		
1. Amount: \$							
2. Frequency (cho	ose one): Monthly	Twice Monthly	Quarterly	Annually	Twice Annually		
Month	Day*	0	Mo	nth	Day*		
Start Date:	,	Second (for twic	e options):		•		
	investments will be made o eekend or holiday. If you alre						
	eived or processed after you	•			•		
Per Model	Proportionately Acros	Proportionately Across All Funds Owned		Specific Fund(s): (list below)			
Fund Name	Share Clas	Share Class		Specify Dollar Amount (\$)			

Total:

## 3. BANK INFORMATION

Account Type: Checking Savings

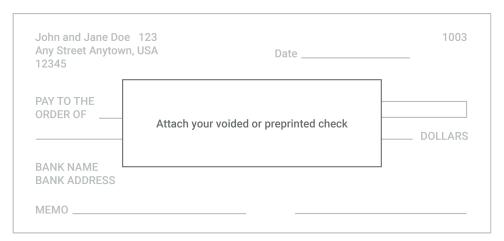
Bank Account Name Bank Account Number

Bank Name Routing Number

Bank Address Bank Telephone

Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Note: Temporary or starter checks are not accepted.



## 4. CERTIFICATIONS AND SIGNATURES

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated above. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that may apply, and I may cancel upon 30 days written notice to the address listed on the bottom of this form. I also understand that if the automatic purchase cannot be made due to insufficient funds or another restriction placed on my account a fee will be assessed, and the Fund's transfer agent may discontinue this service to my account.

By signing below, I hereby certify and affirm that I have the authority and legal capacity to purchase shares of the Fund as indicated in this form and that the information contained herein is complete and accurate as of the date hereof. If this account is an IRA, I understand that all contributions will be coded as current year. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing. This AIP service may be discontinued by the account holder upon 30 days written notice or by phone.

Signature of Owner Date

Signature of Joint Owner (if applicable)

Date

## 5. MAILING INSTRUCTIONS

Please send completed Regular Delivery
form to: Ultimus Fund Sol

Ultimus Fund Solutions, LLC P.O Box 541150 Omaha, NE 68154 Overnight Delivery
Ultimus Fund Solutions, LLC
4221 N 203rd Street, Suite 100
Elkhorn, NE 68022

<u>Fax</u> 1-402-963-9094