



## ACCOUNT OPTIONS FORM

### SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )  
Day Phone

( )  
Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

### SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and what your new name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 9.

### SECTION 3: Transfer on Death

TOD status is only for Regular Accounts (non-IRAs)

Benefits will be paid only to those beneficiaries living at the time of your death. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining beneficiaries. If more than two beneficiaries are designated, please continue on a separate sheet.

**Complete all information requested to designate new/additional beneficiaries.**

Primary

Contingent

**SECTION 3: Transfer on Death (continued)**

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Evening Phone E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ %  
Percentage

Primary  Contingent

**Beneficiary's Name (Last, First, Middle Initial)**

Beneficiary's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Evening Phone E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ %  
Percentage

**SECTION 4: Automatic Investment Plan**

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:

Establish  Modify or  Discontinue an automatic investment plan

There is a \$100 requirement per term per fund.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

Emerald Banking and Finance Fund - Investor Class How often would you like automatic investments?

Monthly  Quarterly  Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

If no date is specified, investments will be made on or about the 20th of each month.

■ Please provide bank information in Section 8, if applicable.

■ Please Note:

- Attach a separate letter of instruction if the bank account holder is different than the Emerald Mutual Funds account holder.
- The minimum automatic investment is \$100.
- For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
- A signature guarantee is required if shares are redeemed within xx days of adding or changing bank information.

**SECTION 5: Systematic Withdrawal Plan**

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least Class A, C and Investor: \$2,000 Institutional: \$100,000 is required.

Please complete this section if you would like to:

- Establish       Modify or       Discontinue a systematic withdrawal plan.

There is a \$100 requirement per term per fund.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

How often would you like automatic withdrawals?

- Monthly       Quarterly       Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

If no date is specified, investments will be made on or about the 20th of each month.

Money is to be sent by:  ACH     Check    or     Cross-Invest

Fund \_\_\_\_\_

Account Number \_\_\_\_\_

- Please provide bank information in Section 8.
- Please note, the cost basis method on your account will be used for redemptions.

**SECTION 6: Distribution Options**

Please complete this section if you would like to change your current distribution option.

Dividend distribution:             Cash       Reinvest  
 Capital Gains distribution:       Cash       Reinvest

- Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 8 if you do not have bank information listed on your account.

**SECTION 7: Telephone & Online Privileges**

Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at [www.emeraldmutualfunds.com](http://www.emeraldmutualfunds.com).

Telephone privileges:             Add       Remove  
 Online privileges:                 Add       Remove

Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 8 if you do not have bank information listed on your account.

**SECTION 8: Bank Information**

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

- I would like to add bank information to this account to authorize purchase and redemptions via:  ACH transfer and/or  Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at [www.emeraldmutualfunds.com](http://www.emeraldmutualfunds.com).
- I would like to modify my current bank information on this account for purchases and redemptions via:  ACH and/or  Wire transfer.
- I would like to remove bank information on this account for purchases and redemptions via:  ACH and/or  Wire transfer.

