



Advised by James Investment Research, Inc.

ACCOUNT OPTIONS/MAINTENANCE 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 - P.O. Box is 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

SECTION 2: Name Change Instructions

Please Provide:

Fund Number Account Number

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

Former Name

One and the same as:

New Name

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.

SECTION 3: Transfer on Death (continued)

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

Beneficiary's Tax identification Number

Relationship %
Percentage

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

Beneficiary's Tax identification Number

Relationship %
Percentage

SECTION 4: Duplicate Statements/Confirms

I authorize the James Advantage Funds to send duplicate copies of my account statements and/or confirms as instructed below:

☐ Statements ☐ Confirms

Company Name (If Applicable)

Name

Address (P.O. Boxes accepted)

City State Zip Code

SECTION 5: Systematic Purchase

☐ Yes (Please complete below) ☐ No

This option allows you to make automatic investments into your James Advantage Funds account directly from your bank checking or savings account.

Fund Name	Amount
The Golden Rainbow Fund	\$ _____
The James Long-Short Fund	\$ _____
The James Mid Cap Fund	\$ _____
The James Micro Cap Fund	\$ _____
The James Small Cap Fund	\$ _____
Total Amount	\$ _____

How often would you like to invest?

☐ Monthly ☐ Quarterly ☐ Annually

On or about which date? _____
(e.g. 2nd, 15th) Must choose a date between the 1st and 25th.

If no date is specified, investments will be made on or about the 15th of each month.

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

SECTION 6: Systematic Withdrawal Plan

A Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis.

Please complete this section if you would like to:

☐ Establish ☐ Modify or ☐ Discontinue a systematic withdrawal plan.

There is a \$100 requirement per withdrawal.

Fund Name	Amount
The Golden Rainbow Fund	\$ _____
The James Long-Short Fund	\$ _____
The James Mid Cap Fund	\$ _____
The James Micro Cap Fund	\$ _____
The James Small Cap Fund	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

☐ Monthly ☐ Quarterly ☐ Annually

On or about which date? _____
(e.g. 2nd, 15th) Must choose a date between the 1st and 25th.

If no date is specified, withdrawals will be made on or about the 15th of each month.

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

Fund _____

Account Number _____

- Please provide **bank information** in Section 8, if applicable.
- To establish systematic withdrawals, you need a minimum of \$10,000 in your account.

* Please note, the cost basis method on your account will be used for redemptions.

SECTION 7: Telephone & Online Privileges

Telephone privileges: ☐ Add ☐ Remove
Online privileges: ☐ Add ☐ Remove

Adding telephone/online transaction privileges with 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 an Investor Service Representative, using the automated service line, or on the website at www.jamesfunds.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.

SECTION 8: Bank Information (continued)

Account type: ☐ Checking ☐ Savings

Name on Bank Account _____

Bank Name _____

Bank Account Number _____

ABA Routing Number _____

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a **signature guarantee**. Please see Section 10.

I authorize the James Advantage Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the James Advantage Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the James Advantage Funds. The termination request will be effective as soon as the James Advantage Funds has had reasonable time to act upon it.

SECTION 9: Signatures

I authorize the James Advantage Funds to make the changes indicated to my account.

I authorize the James Advantage Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the James Advantage Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Owner's Signature _____ Date (MM/DD/YY) _____

Joint Owner's Signature (if applicable) _____ Date (MM/DD/YY) _____

SECTION 10: Signature Guarantee

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
National Securities Exchange & Savings
(STAMP, SEMP, NYSE-MSP participation)
Savings Associations
Trust Companies

SECTION 10-: Signature Guarantee (continued)

Medallion Signature Guarantee Stamp *(ID Required)*

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date *(MM/DD/YY)*

[STAMP]

Please mail completed form to:

Mailing Address

James Advantage Funds
P.O. Box 786
Denver, CO 80201-0786

Overnight Address

James Advantage Funds
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-99JAMES (52637) or visit www.jamesfunds.com.