

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.

1. Account Information

Fund Family Name	Account Number(s)
Owner's Name	Social Security Number
Date of Birth	Telephone Number
Street Address	City State Zip Code

2. Automatic Investment Plan

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. 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.

1. Amount \$ _____

2. Frequency (choose one):

- Monthly
 Twice Monthly
 Quarterly
 Annually
 Twice Annually

Start Date: Month _____ Day* _____

Second Date (for twice options): Month _____ Day* _____

*If no day is specified, the draft will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month. If you already have instructions on file, this will replace your existing instructions.

3. Investment Options: (If nothing is marked it will be done proportionately across all funds)

- Per Model
 Proportionately Across All Funds Owned
 Specific Fund(s): (list below)

Fund Name and Share Class	Specify Dollar Amount
	\$
	\$
	\$
	\$
Total	\$

3. Banking Information

Bank Account Name _____ Bank Account Number _____

Bank Name _____ Routing Number _____

Bank Address _____ Bank Telephone _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PLEASE DO NOT USE A DEPOSIT TICKET

4. Certifications and Signatures

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

Acceptable methods of receipt include mail and fax. Email is not acceptable.

Mail Completed Form:

Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246-0707

Overnight Deliveries:

Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax:

877-513-0756