## Letter of Instruction Form

to Commence the control of the contr			
Information in this section is <b>requi</b>	red.		
Owner's Name		Account Number	
Social Security Number or Tax ID	Number	Fund Family Name	
Joint Owner's Name (If Applicable)		Joint Owner's Social Security Number or Tax ID Number (If Applicable)	
PLEASE WRITE INSTRUCTIONS	BELOW		
REQUIRED SIGNATURE(S)			
Signature of Account Owner	Date (MM/DD/YY)	Joint Owner (If Applicable)	Date (MM/DD/YY)

that if any part of your request results in a financial transaction, we will require a Medallion Signature Guarantee. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee OR

Signature Validation Stamp

Medallion Signature Guarantee OR Signature Validation Stamp

Regular Mail: PO Box 46707 Overnight Delivery: Ultimus Fund Solutions, LLC Cincinnati, OH 45246-0707 225 Pictoria Dr, Suite 450

Cincinnati, OH 45246