

# Mutual Funds Redemption Form

**Regular Mail:**  
U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Delivery:**  
U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

## 1 Account Information

NAME(S) OF ACCOUNT OWNER(S)			
ADDRESS	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER

## 2 Redemption Information

FUND NAME	FUND NAME	FUND NAME	FUND NAME
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.
<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.
<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.

### Distribution should be paid by:

- Check to Address of Record  ACH to Bank of Record  Wire to Bank of Record  
 Third Party *\*If your distribution is sent to a third party address a signature guarantee may be required. Please consult the Fund's prospectus.*

THIRD PARTY ADDRESS	CITY / STATE / ZIP
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## 3 Bank Information\* | Check appropriate action

- Add Bank Information (attach voided check)  
 Change Existing Bank Information (attach voided check)  
 My existing bank information is no longer valid.

Please attach a voided check or pre-printed deposit slip.  Checking  Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	_____ DOLLARS
Memo _____	Signed _____
⑆ 1 2 3 4 5 ⑆ 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

**\*Adding or changing bank information may require a signature guarantee per the Fund's prospectus.**

## 4 Signature(s)

I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Redemption Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

**X**

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.**