



# POLARIS GLOBAL VALUE FUND

## Account Update Form

### 1. INSTRUCTIONS

- This form is used to perform certain account maintenance to your account.
- All shareholders on the account must sign this form
- Mail this completed form to:

**Polaris Global Value Fund**  
**P.O. Box 588**  
**Portland, ME 04112**

**or Overnight Delivery to:**  
  
**Contact us at: 1-888-263-5594**

**Polaris Global Value Fund**  
**c/o Apex Fund Services**  
**Three Canal Plaza, Ground Floor**  
**Portland, ME 04101**

### 2. INVESTOR INFORMATION

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_ Email Address \_\_\_\_\_

Check Box If New Address. **Redemption requests received within 30 days of a change of address must be in writing, with a Medallion signature guarantee, in order to be processed.**

### 3. DISTRIBUTION OPTIONS

Please indicate any changes to your current distribution options (dividends and capital gains) here.

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.

### 4. AUTOMATIC INVESTMENT PLAN

Please use this to establish regular contributions into your account through deductions from your bank account. If a bank account has not been previously established to the account listed above, please see **Section 7, Bank Account Changes**.

- Please invest \$ \_\_\_\_\_ once a month through deductions from my bank account on the \_\_\_\_\_ day of the month.
- Please invest \$ \_\_\_\_\_ twice a month through deductions from my bank account on the \_\_\_\_\_ and \_\_\_\_\_ days of the month.

### 5. SYSTEMATIC WITHDRAWAL PLAN

Please use this section to establish regular redemptions from your account, with proceeds to be sent as elected below. **This form may NOT be used for periodic withdrawals from IRA accounts.**

Please withdraw \$ \_\_\_\_\_ from my account on the \_\_\_\_\_ day of the month. Send proceeds to:

- Bank Account on Record (Please complete Section 7 if instructions are not previously established)
- Account's Address of Record (by check)

### 6. TELEPHONE AND ONLINE REDEMPTION OPTIONS

**A Medallion signature guarantee is required in order to make this change.**

- Please enable my account to have telephone and online redemption privileges.

## 7. BANKING INSTRUCTIONS

Please use this section to add or change banking instructions currently on your account. **A Medallion signature guarantee is required in order to make this change.** Please attach a voided check (not a savings deposit slip).

- Select One:  Replace current instructions  Add as additional account
- Select One:  Checking Account  Savings Account
- Select One:  Add as ACH instructions  Add as wiring instructions (your bank may charge a fee for this)

Name of Bank

ABA (Routing Number)

Account Number

## 8. BENEFICIARY OR TRANSFER ON DEATH RECIPIENT (TOD)

Please complete this section to add or change a beneficiary (TOD for non-IRA accounts).

### Primary Beneficiaries (Percentages must total 100%)

Name \_\_\_\_\_ Address \_\_\_\_\_  Add with Per Stirpes designation

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  Add with Per Stirpes designation

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

### Secondary Beneficiaries (Percentages must total 100%)

Name \_\_\_\_\_ Address \_\_\_\_\_  Add with Per Stirpes designation

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  Add with Per Stirpes designation

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

## 9. MEDALLION SIGNATURE GUARANTEE

By my signature, I am authorizing these changes to be made on my account. I have received and read the Fund's Prospectus and agree to be bound by its terms.

Signature of Account Owner

Date

Signature of Joint Account Owner

Date

Medallion Signature Guarantee - Account Owner

Medallion Signature Guarantee - Joint Account Owner