



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
Fax: 1-207-347-2195

Polaris Global Value Fund
c/o Apex Fund Services
190 Middle Street, Suite 101
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
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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		
Birth Date	Social Security Number	Relationship	Percentage

☐ Add with Per Stirpes designation

Name	Address		
Birth Date	Social Security Number	Relationship	Percentage

☐ Add with Per Stirpes designation

Secondary Beneficiaries (Percentages must total 100%)

Name	Address		
Birth Date	Social Security Number	Relationship	Percentage

☐ Add with Per Stirpes designation

Name	Address		
Birth Date	Social Security Number	Relationship	Percentage

☐ Add with Per Stirpes designation

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. Updates that require a Medallion Signature Guarantee cannot be faxed. The original must be mailed in.

Signature of Account Owner	Date
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Signature of Joint Account Owner	Date
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Medallion Signature Guarantee – Account Owner

Medallion Signature Guarantee – Joint Account Owner