Redemption/Exchange Request Form For Non-Retirement Accounts

EVENTIDE

- Use this form to request a one-time distribution, establish a Systematic Withdrawal Plan (SWP) or request an exchange for non-retirement accounts.
- Your bank must be a member of the Automated Clearing House (ACH) to establish a SWP going to your bank.
- The immediate use of new or updated banking instruction requires a Medallion Signature Guarantee. See the Fund prospectus for additional details.
- Requests that require a Medallion Signature Guarantee must be submitted by mail.

1. INVESTOR INFORMATION (*Required Information)

Owner's Name* (First, M.I., Last)　　　　　Date of Birth*　　　　Social Security Number*

Street Address (Physical Address)*　　　　City*　　　　State*　　Zip Code*

Account Number*　　　　Daytime Phone*

2. DISTRIBUTION INSTRUCTIONS

Select either a **One Time** or **Systematic Distribution**. **Please note that a Medallion Signature Guarantee may be required based on the amount requested. Please see the funds prospectus for additional information.**

One Time Distribution

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of $ _____ from my investments as indicated in the chart below.

I wish to withdraw the requested amount proportionately across all investments.

I wish to withdraw the requested amount based on my pre-selected asset allocation model.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

NOTE: If no election is made and/or your account does not have an existing asset allocation model on your account, we will withdraw the requested amount proportionately across all your investments.

Name of Investment	Share Class	Total Investment Amount ($)
		Total:

Systematic Withdrawal

I wish to set up Automatic withdrawals in the amount of $ _____ on a

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual basis.

Start Month _____ Start Date _____

(if no date is chosen, distributions will be made on the 25th day of the next upcoming month or the following business day if the 25th falls on a weekend or holiday).

☐ I wish to withdraw the requested amount based on my pre-selected asset allocation model.
☐ I wish to withdraw the requested amount proportionately across all investments.
☐ I wish to withdraw the requested amount from my investments as indicated in the chart below.

Name of Investment	Share Class	Total Investment Amount ($)
	Total:	

3. EXCHANGE INSTRUCTIONS

Exchange Request

☐ I wish to exchange my entire account balance.
☐ I wish to make partial exchange from my investments as indicated in the chart below.

Exchange From Fund Name	Dollar Amount	Share Amount	Exchange To Fund Name

4. PAYMENT INSTRUCTIONS **Denotes that a Medallion Signature Guarantee is required

By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to:

Mail check to an address other than the one on the account (Provide address below)**

Street Address (Physical Address)*   City*   State*   Zip Code*

NOTE: In order to comply with the Fund's anti-money laundering policy, we may be required to confirm the relationship between the account owner and the third party payee.

Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my account   Bank Account Information below **

Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:
NOTE: Wire transfers are not available for Systematic Withdrawals.

Wire instructions already established for my account   Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund account and deposit to my bank account. I understand this privilege will be effective after the verification process.
Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Note: Temporary or starter checks are not accepted

Account Type: Checking   Savings

John and Jane Doe   123   1003
Any Street Anytown, USA
12345   Date _____

PAY TO THE
ORDER OF _____   Attach your voided or preprinted check

_____   _____ DOLLARS

BANK NAME
BANK ADDRESS

MEMO _____   _____

Enter your checking or savings account information:

Bank Name   Bank's Phone Number

Bank Address   ABA Routing Number

City   State   Zip Code

Name(s) on Bank Account   Bank Account Number

5. ACKNOWLEDGEMENT AND MEDALLION SIGNATURE GUARANTEE

By signing this Redemption Request From, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to redeem my account as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of Account Owner (If the account has multiple account owners, all account owners need to sign below:

Account Owner Signature   Date

Joint Account Owner Signature   Date

Joint Account Owner Signature   Date

Note: Please sign your name exactly how it appears in the registration.
A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

Medallion Signature
Guarantee Stamp

6. MAILING INSTRUCTIONS

Please send completed form to:	*Regular Delivery*	*Overnight Delivery*	*Fax*
	Ultimus Fund Solutions, LLC	Ultimus Fund Solutions, LLC	1-877-513-0756
	P.O Box 46707	225 Pictoria Dr, Suite 450	
	Cincinnati, OH 45246	Cincinnati, OH 45246	