



# Limited Agent Authorization

This document authorizes another person, known as an agent, to conduct transactions on your accounts. It does not grant the same powers that you hold on the accounts to your agent, but limits his or her powers to those specified in Section 3. To authorize an agent to have complete powers on your accounts, contact your legal counsel for assistance. To authorize a person to only access information on your accounts, such as account balances or beneficiary designations, with no power to conduct transactions, indicate below in section 3.

This Limited Agent Authorization document must be signed by the account owner(s) or by the person or entity authorized to act for the owner (custodian, or authorized person). The agent must complete section 4. If insufficient space is available for multiple owners and/or agents on this form, copy the applicable page(s), complete, and attach to this form. **Return all pages of this document to the fund at:**

**Regular Delivery**

Ultimus Fund Solutions, LLC  
P.O Box 46707  
Cincinnati, OH 45246

**Overnight Delivery**

Ultimus Fund Solutions, LLC  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246

**Fax**

1-877-513-0756

THE PURPOSE OF THIS LIMITED AGENT AUTHORIZATION IS TO GIVE THE PERSON(S) YOU DESIGNATE (YOUR "AGENTS") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS AUTHORIZATION DOES NOT IMPOSE A DUTY ON YOUR AGENTS TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENTS MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS AUTHORIZATION. YOUR AGENTS MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN IF YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS, YOU REVOKE THESE POWERS, OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. YOUR AGENTS MUST KEEP YOUR FUNDS SEPARATE FROM THEIR FUNDS.

A COURT MAY TAKE AWAY THE POWERS OF YOUR AGENTS IF IT FINDS YOUR AGENTS ARE NOT ACTING PROPERLY.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

**1. ACCOUNT OWNER INFORMATION**

Social Security Number

Name of Fund Family

Name of Account Owner

Mailing Address

City

State

Zip Code

Name of Joint Account Owner or Custodian (if applicable)

Daytime Telephone Number

Evening Telephone Number

## 2. ACCOUNT INFORMATION

You may use this document to authorize an agent to conduct transactions on individual non-retirement, IRA, jointly held, custodial, or ESA account registrations. It cannot be used to authorize transactions on other account types. To add authorized agents to other account types (such as limited partnership or corporate accounts), your organizational document should be amended and a copy of that amended document should be forwarded to the fund along with a letter of instruction.

By checking the boxes below, you are designating this Limited Agent Authorization to apply only to the accounts registered under the Social Security or taxpayer identification number(s) listed in Section 1. This authorization permits the agent to act on and have online access to new as well as existing accounts with the same registration. It will not apply to accounts with different registrations (for example, an IRA and a joint account) unless you grant authorization below.

To grant authorization on jointly held accounts, you and all joint owners must complete and sign this document.

**I authorize the agent(s) specified in Section 4 to act on the mutual fund accounts registered under the taxpayer identification or Social Security number(s) listed in Section 1 and specified below.**

All my individually owned non-retirement accounts.

All my IRAs (traditional, Roth, SEP, rollover, inherited).

All accounts owned jointly by me and the person(s) identified in Section 1.

As custodian, all UGMAs/UTMAs under the Social Security number of the minor identified as the account owner in Section 2.

As authorized person, all ESAs under the Social Security number of the person identified as the account owner/beneficiary in Section 2.

ONLY the account number(s) listed here:

## 3. TYPE OF AUTHORIZATION BY ACCOUNT OWNER

I hereby appoint those listed in Section 4 as my lawful agents. As my agents, they may

Inquire regarding account balances and history only. This includes requesting copies of statements, tax forms and other account related documents. They may not perform transactions or make changes to my account(s).

OR

Inquire regarding account balances, history, and initiate investment transactions on all accounts indicated in Section 2 as follows:

Accounts within my existing registrations: (1) invest my assets in funds and exchange my assets among available funds; (2) redeem shares from my fund accounts and have the proceeds payable to me and sent to my address or bank account of record; and (3) request that distributions from my account be payable to me and sent to my address or bank account of record, all in accordance with procedures established by the fund prospectus.

Notwithstanding the general nature of the authority granted by this authorization, my agents shall have **no authority** to:

- Change the address of record on my accounts.
- Add, delete, or change any banking information with respect to my accounts.
- Request a wire transfer to any account other than my bank account of record.
- Add, delete, or change any beneficiary designation.
- Redeem shares from my fund accounts and have the proceeds payable or sent to anyone other than me.
- Have check writing privileges on my accounts (if applicable).
- Sign an account application or otherwise open a new registration on my behalf.
- Transfer assets to a new registration.

#### 4. AGENT INFORMATION

Provide complete information on the person or persons you are authorizing to act on your accounts. Note: If you name more than one agent, the signature of each will be required before we can act on investment transactions from them. Telephone inquiries, however, can be made by any one of the agents.

Name of Authorized Person (first, middle initial, last)

Mailing Address

City State Zip Code

Daytime Telephone Number Evening Telephone Number

#### 5. CONSENT AND INDEMNIFICATION BY ACCOUNT OWNER(S)

I understand and agree that my agents are authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could with respect to the investment transactions described above, including the remittance of cash to my address of record.

I agree that neither the fund, nor Ultimus Fund Solutions, LLC will be held responsible for my decisions or for the investment recommendations or decisions of my agents, and is under no duty whatsoever to question any instructions received from the agents or the suitability of any transactions requested by them.

I agree to indemnify and hold the fund, its transfer agent, Ultimus Fund Solutions, LLC, their affiliates, and their respective officers, employees, and agents (the "Indemnitees" and each an "Indemnitee") harmless from acting on instructions, whether oral, written, or online, believed by such Indemnitee to have originated from my agents, and from all acts of my agents involving those covered by this authorization. I understand that I have the right to revoke this authorization at any time. This authorization shall remain in full force and effect until the fund's transfer agent receives notice of my revocation. The revocation will not affect any liability resulting from transactions initiated before representatives of the fund have had a reasonable amount of time to act upon such notice. In the event of my disability or incapacity, this authorization will remain in full force and effect. This authorization will terminate in the event of my death. However, my death will not affect any liability resulting from transactions initiated before the fund's transfer agent receives notice of my death and has had a reasonable amount of time to act upon such notice.

I have read this authorization in its entirety before signing.

Print Account Owner Name Date

Signature of Account Owner Date

Print Joint Account Owner or Custodian Name (if applicable) Date

Signature of Joint Owner or Custodian (if applicable) Date

## 6. AGENT ACKNOWLEDGEMENT

Name of Agent (Please Print)

I, \_\_\_\_\_ have read the attached authorization document and am the person identified as the agent for the account owner(s) (hereinafter referred to as the principal(s)). I hereby acknowledge that in the absence of a specific provision to the contrary in the document, when I act as agent:

I shall exercise the powers for the benefit of the principal(s).

I shall keep the assets of the principal(s) separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal(s).

Print Agent's Name

Signature of Agent

Date

## 7. MAILING INSTRUCTIONS

Please send completed form to:

**Regular Delivery**

Ultimus Fund Solutions, LLC  
P.O Box 46707  
Cincinnati, OH 45246

**Overnight Delivery**

Ultimus Fund Solutions, LLC  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246

**Fax**

1-877-513-0756