

ACCOUNT OPTIONS FORM

SECTION 1: Account Information						
Account Number						
Owner's Name (Last, First, Middle Initial)						
Owner's Social Security Number	Date of Birth (MM/DD/YY)					
Owner's Social Security Number	bate of birth (wwy bb) 11)					
Joint Owner's Name (Last, First, Middle Initial) (if applicable)						
Joint Owner's Social Security Number	Date of Birth (MM/DD/YY)					
☐ Check here if new address						
Address of Residence (Required) - P.O. Box not accepted	City, State, Zip Code					
Address of Residence (Requirea) - P.O. Box not accepted	City, State, Zip Code					
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip Code					
()						
Day Phone Evening Phone						
□ Check here if new phone number						
E-mail Address						
☐ Check here if new e-mail address						
SECTION 2: Name Change Instructions						
Please Provide:						
Account Number						
Please indicate your former name and what your new name has changed to.						
Former Name						
One and the same as:						
New Name						
If your name is different from what is currently shown on your account, your sign	nature must be guaranteed in Section 9.					
SECTION 3: Automatic Investment Plan						
An automatic investment plan deposits money directly into this account from you	our checking or savings account on a monthly, quarterly or annual basis.					
Please complete this section if you would like to:						
☐ Establish ☐ Modify or ☐ Discontinue an automatic investme	ent plan					

SECTION 3: Automatic Investment Plan (continued)

listed on your account.

Fund Name		Fund Number	Ticker	Amo	unt or	Percent	%
			\$				% - %
			,				
			\$				%
Total			\$			100	% :
How often would you like a	automatic investment	ts?					
☐ Monthly ☐ Quarte	erly						
On or about which date? (e	e.g., 2nd, 15th)						
If no date is specified, inve	stments will be made	e on or about the 15	5th of each month.				
Please provide bank infoPlease Note:	rmation in Section 7,	if applicable.					
 Attach a separate lette The minimum automa For IRA accounts (inclushares are purchased A signature guarantee 	atic investment is \$10 uding Coverdells), co l.	00. ntributions made th	nrough an automatic in	vestment plan	will be conside		s for the year in v
SECTION 4: Systema	tic Withdrawal Pla	an					
A systematic withdrawal pla	an automatically with	draws money from t	his account on a mont	hly, quarterly, o	annual basis.		
Please complete this section	on if you would like to):					
□ Establish □ Mo	dify or	continue a systema	atic withdrawal plan.				
There is a \$100 requireme	ent per term per fund	l.					
Fund Name	l	Fund Number	Ticker	Amo	unt or	Percent	%
			* *				%
			\$. %
Tatal			\$. %
Total			\$			100	%
How often would you like a							
☐ Monthly ☐ Quart							
On or about which date? (e	-						
If no date is specified, inve			oth of each month.				
Money is to be sent by:		or Cross-Invest					
F	-und						
А	Account Number						
Please provide bank infoPlease note, the cost ba			for redemptions.				
SECTION 5: Distributi	ion Options						
Please complete this section	on if you would like to	change your currer	nt distribution option.				
Dividend distribution: Capital Gains distribution:	□ Cash □ Cash	☐ Reinvest☐ Reinvest					

☐ Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 7 if you do not have bank information

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SECTION 6: Telephone & Online Privileges Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.centrefunds.com. Telephone privileges: DbA □ ☐ Remove □ Add Online privileges: □ Remove Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 7 if you do not have bank information listed on your account. **SECTION 7: Bank Information** Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/ online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account. □ I would like to add bank information to this account to authorize purchase and redemptions via: □ ACH transfer and/or □ Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.centrefunds.com. □ I would like to **modify** my current bank information on this account for purchases and redemptions via: □ ACH and/or □ Wire transfer. ☐ I would like to **remove** bank information on this account for purchases and redemptions via: ☐ ACH and/or ☐ Wire transfer. **Account type:** □ Checking Savings Name on Bank Account Bank Name ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) Bank Account Number (Second set of numbers at the bottom of check or deposit slip) Please attach a voided check or savings deposit slip from the specified bank account. I authorize the Centre Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Centre Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Centre Funds. The termination request will be effective as soon as the Centre Funds has had reasonable time to act upon it. SECTION 8: Signatures I authorize the Centre Funds to make the changes indicated to my account. I authorize the Centre Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Centre Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine. ALL owners of this account must sign below: Signature Date (MM/DD/YY) Signature (if applicable) Date (MM/DD/YY)

SECTION 9: Signature Guarantee (If Required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's: Commercial Banks

Credit Unions

Member Firms of a domestic stock exchange

National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)

Savings Associations Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*)

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (*MM/DD/YY*)

[STAMP]

Please mail completed form to:

Mailing AddressOvernight AddressCentre FundsCentre Funds

P.O. Box 295 1290 Broadway, Suite 1100

Denver, CO 80201 Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-855-298-4236 or visit www.centrefunds.com.