



Centre Funds

TRANSACTION REQUEST FORM

Valid only for non-IRA accounts

SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner (if applicable)

Address of Residence

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

Subsequent Investment Minimums: Investor \$1,000 Institutional \$10,000

How would you like to make your fund purchase?

Check (enclose with this form) Wire ACH

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
Total			\$ _____		100	%

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

SECTION 3: Redemption Request

Redemptions will be made at the next determined price after your instructions are received in good order. Requests for redemptions on a specific date or at a specific price will not be honored.

How would you like your redemption proceeds sent to you?

Check (will be mailed to the address on record) Wire ACH

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
Total			\$ _____		100	%

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

This form may not be used to elect a cost basis method or make changes to the cost basis method on your account. The cost basis of covered shares is determined using Average Cost, unless you have elected a different accounting method. To elect a different method, please complete a Cost Basis Election form or submit a letter of instruction. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

SECTION 4: Exchange Request

Exchanges will be made at the next determined price after your instructions are received in good order. Requests for exchanges on a specific date or at a specific price will not be honored.

Exchange FROM Fund Name and Share Class Amount

Exchange INTO Fund Name and Share Class Amount

Exchange FROM Fund Name and Share Class Amount

Exchange INTO Fund Name and Share Class Amount

SECTION 5: Bank & Alternate Payee Information

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

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 an Investor Service 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.

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.

■ Adding/changing bank information requires a signature guarantee. Please see Section 6.

I authorize Centre Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that 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 Centre Funds. The termination request will be effective as soon as Centre Funds has had reasonable time to act upon it.

Alternate Payee Instructions

Alternate Payee Name

Mailing Address City, State, Zip Code

■ Adding/changing Payee Information requires a signature guarantee. Please see Section 6.

SECTION 6: Signatures

I authorize Centre Funds to make the changes indicated to my account.

I authorize Centre Funds, and it's agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Centre Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs 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 6: Signatures (continued)

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:

Regular Mail:
Centre Funds
P.O. Box 295
Denver, CO 80201

Overnight Mail:
Centre Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-298-4236.

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representative Number
Street Address (Street, City, State, Zip Code)	
Representative Phone Number	