

Auxier Focus Fund

P.O. BOX 588
PORTLAND, ME 04112

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:

Auxier Focus Fund
P.O. Box 588
Portland, ME 04112

or Overnight Delivery to:

Auxier Focus Fund
C/O Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

For questions or assistance,
contact us at 1-877-328-9437

2. INVESTOR INFORMATION

Account Registration

Account Number

Street Address

City

State

Zip Code

Telephone (Day)

Telephone (Evening)

E-mail 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 on 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.)
- Address of Record (By check)

6. TELEPHONE REDEMPTION OPTIONS

A Medallion signature guarantee is required in order to make this change. Telephone redemption privileges are not available for IRA's.

- Please enable my account to have telephone 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). For accounts with current bank instructions, please indicate:

Replace current instructions or add as additional account

Name of Bank: _____

Checking Account

ABA (Routing Number): _____

or

Account Number: _____

Savings Account

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

Name Address

Birth Date Social Security Number Relationship Percentage

Secondary Beneficiaries (Percentages must total 100%.)

Name Address

Birth Date Social Security Number Relationship Percentage

Name Address

Birth Date Social Security Number Relationship Percentage

9. SIGNATURES AND AUTHORIZATION

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.

Signature of Account Owner Date

Medallion Signature Guarantee – Account Owner

Signature of Joint Account Owner Date

Medallion Signature Guarantee – Joint Account Owner