

ACCOUNT UPDATE FORM



POLARIS GLOBAL VALUE FUND

Please use this form to indicate any changes to your existing account and return to:

Regular Mail
Polaris Global Value Fund
P.O. Box 588
Portland, ME 04112

Overnight Delivery
Polaris Global Value Fund
Three Canal Plaza, Ground Floor
Portland, ME 04101

If you have questions, please call (888) 263-5594 (toll-free).

Please indicate your current account number, registration and mailing address:

Account Registration: _____

Street Address: _____

City, State, Zip: _____

Fund Name: _____

Account Number: _____

Section 1: CHANGE OF ADDRESS

Please indicate any changes to your address here. Please note that all account owners must sign this form in order for this to be completed. **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.**

New Street Address: _____

City, State, Zip: _____

New Telephone Number: _____

Section 2: DISTRIBUTION OPTIONS

Please indicate any changes to your current distribution options (dividends and capital gains) here. Please note that all account owners must sign this form in order for this to be completed.

- 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.

Section 3: AUTOMATIC INVESTMENT PLAN

Please use this to establish regular contributions into your account through deductions from your bank account. All account owners must sign this form in order for this to be completed. In addition, if a bank account has not been previously established to the account listed above, please see **Section 5, Bank Account Changes**.

Please invest \$ _____ once a month through deductions from my bank account on the _____ day of the month.

OR

Please invest \$ _____ twice a month through deductions from my bank account on the _____ and _____ days of the month.

Section 4: SYSTEMATIC WITHDRAWAL PLAN

Please use this section to establish regular redemptions from your account, with proceeds to be sent as elected below. All account owners must sign this form in order for this to be completed. **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 5 if instructions are not previously established)
- Account's Address of Record (by check)

Section 5: BANKING INSTRUCTIONS

Please use this section to add or change banking instructions currently on your account. **A Medallion signature guarantee is required, signed by all account owners, in order to make this change.** Please attach a voided check (not a savings deposit slip).

Name of Bank: _____ Checking Account
ABA (Routing Number): _____ **or**
Account Number: _____ Savings Account

Section 6: TELEPHONE REDEMPTION / EXCHANGE OPTIONS

A Medallion signature guarantee is required, signed by all account owners, in order to make this change. Please add the following options to my account:

Telephone Redemption Privileges (Not available for IRA accounts) Telephone Exchange Privileges

Section 7: BENEFICIARY OR TOD (TRANSFER ON DEATH)

Please complete this section to add or change a beneficiary (TOD for non-IRA accounts). **A Medallion signature guarantee is required, signed by all account owners, in order to make this change.**

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 _____

SIGNATURE: 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