

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:

CornerCap Group of Funds
P.O. Box 588
Portland, ME 04112

or Overnight Delivery to:
Contact us at: 1-888-813-8637

CornerCap Group of Funds
C/O Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

2. INVESTOR INFORMATION

Account Registration _____ Account Number _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone (Day) _____ Telephone (Evening) _____ Email 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 to 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)
- Account's Address of Record (by check)

6. TELEPHONE REDEMPTION OPTIONS

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

- Please enable my account to have telephone redemption privileges.
- Please enable my account to have telephone exchange 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. MEDALLION SIGNATURE GUARANTEE

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