



Beneficiary/T.O.D. Change Form

1. INSTRUCTIONS

- This form is used to add or update the beneficiaries to your IRA account (Transfer On Death recipients for non-IRA accounts).
- 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

3. BENEFICIARY OR TRANSFER ON DEATH RECIPIENT(T.O.D.)

Please complete this section to add or change a beneficiary (T.O.D. for non-IRA accounts). For additional beneficiaries/T.O.D.'s, please attach an additional sheet of paper.

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

4. AUTHORIZATION AND 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

Signature of Joint Account Owner Date