



POLARIS GLOBAL VALUE FUND

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:

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

or Overnight Delivery to:

Contact us at: 1-888-263-5594

Polaris Global Value Fund
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.

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).

- Select One: Replace current instructions Add as additional account
- Select One: Checking Account Savings Account
- Select One: Add as ACH instructions Add as wiring instructions (your bank may charge a fee for this)

Name of Bank ABA (Routing Number) Account Number

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 Add with Per Stirpes designation

Name Address

Birth Date Social Security Number Relationship Percentage Add with Per Stirpes designation

Secondary Beneficiaries (Percentages must total 100%)

Name Address

Birth Date Social Security Number Relationship Percentage Add with Per Stirpes designation

Name Address

Birth Date Social Security Number Relationship Percentage Add with Per Stirpes designation

9. 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

Medallion Signature Guarantee – Account Owner

Medallion Signature Guarantee – Joint Account Owner