



Transfer of Ownership Or Account Re-registration

IMPORTANT FORMATION

Use this form to transfer shares to a new or existing Sample Fund account or to update your Sample Fund account registration. If you wish to sell or redeem shares, please contact us at 1-888-445-6032 for further instructions.

Current owner(s) or authorized person(s), please complete sections 1–3 and 11. New owner(s), please complete sections 4–10 and 12. Please type or print clearly.

1	Current Account Registration
	Individual Owner(s): _____
	SSN/Tax ID (s): _____
	Trust/Corp/Partnership/Other: _____
	SSN/Tax ID: _____
	Account Number (if known) <input style="width: 150px; height: 20px;" type="text"/>

2	Reason for Transfer or Re-registration <i>Select only one</i>
	<input type="checkbox"/> Re-Registration (Change of Name, Custodian, TTEE, or Divorce/Separation, etc.)
	<input type="checkbox"/> Inheritance- Date of Death _____ (MM/DD/YY)
	<input type="checkbox"/> Secondary Market Sale - Net Price Share Paid _____ (Dollar Value)
	<input type="checkbox"/> Gift - Date of Gift _____ (MM/DD/YY)

3	Amount to Transfer		
	NOTE: For partial transfer, please indicate either an exact number of shares or a percentage.		
	FUND NAME	ALL SHARES	NUMBER OF SHARES
		<input type="checkbox"/>	OR
		<input type="checkbox"/>	OR
		<input type="checkbox"/>	OR
		<input type="checkbox"/>	OR

4	Change of Cost Basis Method of Computation <i>(optional)</i>
	Please indicate the cost basis method you would like to apply to this transfer. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below.
	<input type="checkbox"/> First in, first out <input type="checkbox"/> Last in, first out <input type="checkbox"/> Average cost <input type="checkbox"/> Specific share identification

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Transfer Instructions *Select only one*

- Transfer to a new account (Please complete sections 6-12)
- Transfer to an existing account Please skip sections 6–10 and proceed to sections 11–12

Account Number

Account Holder/ Registration: _____

SSN/Tax ID (s): _____

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Ownership *Select only one*

Please complete section 8A

SINGLE OWNER

Individual

MULTIPLE OWNER

Community Property

Tenants In Common

Joint tenants with rights of survivorship (JTWROS)*

UGMA/UTMA State of _____
Name of minor’s custodian (required)

Please complete section 8A.

Custodian required in section 7.
Custodian authorization required in section 12.

QUALIFIED PLAN ACCOUNT

Traditional IRA

Roth IRA

Rollover IRA

Simple IRA

SEP IRA

Beneficial IRA

Other _____

Please complete section 8A & 8B.

ENTITY/OTHERACCOUNT**

Qualified pension

Corporation: S-Corp

Corporation: C-Corp

Profit-sharing plan

Keogh

Partnership

401(k)

Estate

Trust†

*Additional documentary evidence may be required for entity or trust account ownership designations.

**In accordance with Federal regulatory requirements, we are required to collect information about individuals associated with certain entities at the time of account opening. This requirement generally applies to legal entities that are required to file registration documents with their respective Secretary of State or similar office. If this account is being opened for this type of entity, please fill out the table in Appendix A.

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Custodial/Brokerage Account Information *(if applicable)*

Name of Custodian: _____

Custodian Phone: _____

Mailing Address: _____

To be completed by custodian (custodian authorized required in Section 2)

Custodian Tax ID#: _____ Custodian Account #: _____

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New Account Registration *Please complete A or B*

NOTES: The following information needs to be provided on this Transfer Form for all individuals who will be owner(s) of the account, acting pursuant to a Power of Attorney or will be signing on behalf of a legal entity that will own the account: name, date of birth, residential/street address, and Social Security number (SSN) or Tax Identification Number (TIN). We may also ask to see government-issued identifying documents. If the new owner is an estate, the estate’s TIN must be provided in section B.

A Individual owner/beneficial owner/minor/tee/auth trader: _____
(first, middle,last)

SSN: _____ Date of Birth _____ Phone # _____
(mm/dd/yyyy)

Joint Owner/Beneficial Owner: _____
(first, middle,last)

SSN: _____ Date of Birth _____ Phone # _____
(mm/dd/yyyy)

U.S. Street Address: _____

Mailing Address: _____
(Leave blank if your U.S. street address & mailing address are the same)

CITIZENSHIP: U.S. Citizen Resident Alien _____ Non-Resident Alien _____
(country) (from W-8BEN required) (country)

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New Account Registration *Please complete A or B (continued)*

B Trust Corp/Partnership/Other:

SSN: _____ **Date of Formation:** _____
(mm/dd/yyyy)

U.S. Street Address: _____

Mailing Address: _____
(Leave blank if your U.S. street address & mailing address are the same)

Paperless e-delivery (Please check box to elect this option) Email

By initialing above, the investor requests to receive all shareholder communications electronically for all investment products or share classes sponsored by Sample Funds or its affiliates. Communications include, but are not limited to, account statements, investor communications, annual, semi-annual and/or quarterly reports, tax forms, proxy materials and other required reports. The investor may request a paper copy of a shareholder communication, update an email address or change this election at any time by contacting Sample Funds. Changes may take up to 30 days to take effect. Consent to electronic delivery is terminated by an invalid email address. Costs associated with accessing the internet may be incurred and certain software may need to be downloaded in order to view the materials delivered electronically. Timely access to materials may not be available in the event of a system failure or network outage. This electronic delivery program may be changed or discontinued and the terms may be amended at any time. In the event of discontinuation or as required by law, the investor will receive paper copies of all shareholder communications.

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Change of Distribution Instructions *Custodial accounts require custodial authorized*

For non-traded funds: if this election is not completed, such fund will default to sending the investor's cash distributions by check to his or her address of record provided in section 8 or to the custodian indicated in section 7, as applicable. For Sample Funds if this election is not completed, Sample Funds will reinvest cash distributions pursuant to Sample Funds' distribution reinvestment plan. I acknowledge that distributions by any company included on this form (each, a "Company") may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the Company for investment. Any capital returned to stockholders through distributions will be made after payment of fees and expenses, as well as any sales load.

- I choose to participate in the distribution reinvestment plan(s) of the company(ies) indicated in section 3.
- I choose to have distributions mailed to me at my address of record. Cash distributions for custodial accounts will be sent to the custodian of record.
- I choose to have distributions mailed to me at the following address:

(street) (city) (zip)

I choose to have distributions deposited in a checking, savings or brokerage account. I authorize the Sample Fund companies or their respective agents to deposit my distributions into the account indicated below. This authority will remain in force until I notify the applicable company in writing to cancel it. In the event that any company deposits funds erroneously into my account, the company is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that funds and/or shares in my account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the Sample Fund companies, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of Financial Institution: _____

Account Type: Checking Savings Brokerage

Mailing Address: _____
(Street) (city, state) (zip)

ABA routing number (if applicable)

Account number

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Financial Representative Information *If no selection is made, there will be no advisor on the account*

Broker-Dealer or RIA firm Name: _____

Financial Representative Name: _____
(first, middle, last)

Mailing Address: _____
(street, city, state, zip)

Advisor/CRD Number: _____ **Branch Number:** _____ **Phone #:** _____

Email Address: _____ **Fax #:** _____

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Authorization and Signature(s) of Current Owner(s) *Required*

*Only one medallion signature guarantee is required for Transferor's signature.
If shares are held by a custodian, custodian authorization is also required.*

Signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulator Authority that is an eligible guarantor institution. A notary public is not an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal. A medallion signature guarantee is acceptable in place of a signature guarantee.

The Transferor(s) acknowledges his or her agreement to the transfer of shares. The Transferor(s) further agrees that none of the Company, its board of directors/trustees, or any of their respective affiliates shall be responsible for any loss incurred as a result of such transfer. The Transferor(s) has received no representations or warranties from the Company, its board of directors/trustees or any of their respective affiliates.

Signature of Transferor or authorized person	Date (mm/dd/yyyy)	Signature of joint transferor or authorized person	Date
Medallion signature guarantee (Required)		Custodian authorization (Required for transfers of custodial accounts)	

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Authorization and Signature(s) of Current Owner(s)

Substitute IRS Form W-9 Certification:

I declare that the information supplied in this Transfer Form is true and correct and may be relied upon by the Company in connection with my investment in the Company. Under penalties of perjury, each investor signing below certifies that (1) the number shown in the investor Social Security number/taxpayer identification number field in section 8 of this Transfer Form is my correct Social Security number or taxpayer identification number, as applicable (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a non-resident alien); and (4) the entity is exempt from FACTA reporting (if applicable). NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

The Company is required by law to obtain, verify and record certain personal information from the Transferee(s) or persons on the Transferee's behalf in order to establish the Transferee's account. Required information includes the Transferee's name, date of birth, permanent residential address and Social Security number/taxpayer identification number. The Company may also ask the Transferee(s) to provide other identifying documents. If the Transferee(s) does not provide the requested information, the Company may not be able to open the Transferee's account. The Transferee(s) agrees to provide this information and confirm that this information is true and correct. By signing this Transfer Form, the Transferee(s) further agrees that the Company may discuss the Transferee's personal information and the Transferee's investment in the Shares at any time with the Transferee's then-current financial advisor. If the Company is unable to verify the Transferee's identity, or that of another person(s) authorized to act on the Transferee's behalf, or if the Company believes that it has identified potentially criminal activity, the Company reserves the right to take action as it deems appropriate, which may include closing the Transferee's account.

Authorization and Signature(s) of Current Owner(s) *(continued)*

MY SIGNATURE(S) BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that the information and distributions made and/or sent prior to the date that this Transfer Form becomes effective (generally up to 30 days after receipt of this properly completed Transfer Form) will be made in the manner previously provided for and arranged. This Transfer Form supersedes all prior instructions regarding the subject matter hereof.

The IRS does not require your consent to any provision of this Transfer Form other than the certifications required to avoid backup withholding.

Signature of Transferee or authorized person	Date (mm/dd/yyyy)	Signature of joint transferee or authorized person	Date (mm/dd/yyyy)
Custodian authorization (Required for transfers of custodial accounts)		Signature guarantee* (Required for TOD accounts transferring to multiple beneficiaries only)	

*For existing TOD accounts with multiple beneficiaries claiming shares, by signing you are acknowledging there are no known disputes as to the persons entitled to a distribution under the non-probate transfer or the amounts to be distributed to each beneficiary, and no known claims affecting the distribution requested. For TOD accounts with multiple beneficiaries, a signature guarantee is required for the signature(s) of the new owner(s).

ORIGINAL MEDALLION SIGNATURE GUARANTEES ARE REQUIRED.
Return to: Wildermuth Endowment Fund c/o DST Systems Inc. • P.O. BOX 219030 • Kansas City, MO • 64121-9095
Overnight delivery: Wildermuth Endowment Fund c/o DST Systems Inc. • 430 W 7th St • Kansas City, MO • 64105
Toll-free 1-888-445-6032

Appendix A: Supplemental Ownership Information for Legal Entity Accounts

Fill out the information in the table below for the following individuals (note that it is your responsibility to inform us of updates to the information in the table):

A. Control person: Provide the name of an individual with significant responsibility to control, manage, or direct the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

B. Beneficial owners: Provide the names of all individuals who own directly or indirectly 25% or more of the legal entity for which this account is being established. If no individual meets this definition, please reflect "NONE." If appropriate, an individual listed under this section may also be listed as the Control person.

	Full Name/Title	Physical Address*	Date of Birth	Soical Security Number**	Daytime Phone #	% Ownership
Control Person						
25% or More Owner						
25% or More Owner						
25% or More Owner						
25% or More Owner						

*We cannot accept a P.O. Box as a residential address; APO/FPO addresses are accepted.

**Foreign persons can provide a copy of their passport, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence that bears a photograph or similar safeguard (a photocopy of the foreign identification document must accompany this form). If the entity for which this account is being established is owned or controlled by another legal entity, these same requirements apply for individuals associated with that other