



IMPORTANT FORMATION

This form may be used to make the following changes:

Section 1.1: Change name due to: divorce or marriage, change of trustee must be signed by investor(s) Section 1.2: Change or correction of address of record
 Section 1.3: Add an interested party where duplicate statements may be sent Section 2: Change the cost-basis method; please discuss with your financial advisor
 Section 3: Change or Terminate Distribution instructions for non-qualified accounts. This form must be received 30 days prior to the next distribution payable date. Section 4: Add or Modify account automatic investment plan Section 5: Change Financial Advisor; must be signed by investor(s).
 Section 6: Update account to send statements via electronic delivery Section 7: Signatures

This form must be received 30 days prior to the next distribution payable date. Sections 1 and 7 must be completed for all requested changes. To obtain additional forms: Investors should contact their financial advisor. Financial Advisors may access forms online through a secure login process at (). Please contact your custodian for the following changes on qualified accounts: Change of custodian for a qualified account, such as an IRA. Change of distribution destination, such as a custodian account number change. Change of financial advisor.

1

Required For All Changes.
 Please type or use BLOCK letters

Current Investor Information

Investor Name/Trustee: _____
Social Security Number or Taxpayer ID#: _____
Co-Investor Name/Trustee (if applicable): _____
Social Security Number or Taxpayer ID#: _____
Fund: _____ **Account Number:** _____

1.1

Important Notice:
 Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable

Name on Account Change (Due to Divorce/Marriage, Change of Trustee, etc.)

Add or Change Trustee Name to; must be signed by investor(s): _____
Change Name to; must be signed by investor(s): _____

1.2

Address of Record Change

Mailing Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____

Owner/Trustee

SSN/Tax ID

1.3

Mail a duplicate of all mailings to the interested party address.

Interested Party Address

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

2

Change of cost-basis method of computation Select one. Custodial accounts require custodial authorization.

All Sample Funds have chosen the first in, first out (“FIFO”) method as the default method to calculate cost-basis for directly held (not in brokerage) non-qualified shares purchased after January 1, 2012 (“Covered Shares”). Complete this section to change the cost basis election for Covered Shares. Investors should consult with their financial and tax advisor on the most appropriate method. If a shareholder elects to change the cost accounting method applicable to such shareholder’s account from “average cost” to another method, and the shareholder has previously elected to use the average cost methodology with respect to shares repurchased by the applicable company or otherwise transferred by the shareholder, all existing lots in his or her account will maintain the average cost basis accounting methodology. Any shares purchased after the election to change cost accounting method (including shares issued pursuant to the applicable company’s distribution reinvestment plan) may utilize the new cost-basis methodology elected.

- First in, first out Last in, first out Average cost Specific share identification

3

This form must be received 30 days prior to the next distribution payable date

Distribution Instructions Change

- Enroll** in the Distribution Reinvestment Plan
- Mail check** to the address of record.
(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)
- Mail check to Brokerage Account or Other:**

Name of Financial Institution: _____

FBO: _____

Account Number: _____

Mailing Address: _____

City: _____

Zip Code: _____

- Electronically deposit*** distributions to the account indicated below:
 Checking Savings Brokerage/Other

Name of Financial Institution: _____

ABA Routing Number: _____

Account Number: _____

DST Systems, Inc. or its named agent (hereinafter referred to as “DST”) is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

Complete for electronic deposit of distributions.

*Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

Owner/Trustee

SSN/Tax ID

4

Establish, modify or delete systematic purchase plan/automatic investment plan

Check One: Establish a new plan Modify an existing plan Delete an existing plan

This plan allows you to add regularly to the selected company by authorizing us to deduct money directly from your bank account. Your bank must be a member of the Automated Clearing House (ACH). If you chose this option, please complete this section and attach a voided check. Qualified accounts require custodian sign-off (verify with your financial institution if option is available). Please contact the applicable company(ies) for more information.

Please transfer \$ _____ (\$100 minimum) from my bank account:

Check one: Monthly Quarterly Semi-annually Annually On the ____ day of the month, beginning on _____ (mm/yyyy)

Important note: If the plan falls on a holiday or weekend, the deduction from your checking or savings account will occur on the next business day. This authorization shall continue until terminated by any account owner by written notification to DST. Termination will be effective as soon as DST has had reasonable time to act upon it following receipt.

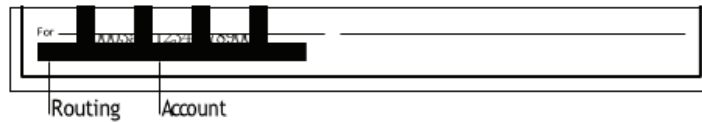
I (We) authorize the purchase of shares of the company(ies) through the systematic purchase plan/automatic investment plan by the ACH of which my bank is a member.

I (We) authorize the purchase of shares of the company(ies) through the AIP by the ACH of which my (our) bank is a member.

Name of Financial Institution: _____ Account Type: Checking Savings

ABA Routing Number: _____ Account Number: _____

Please attach a copy of a voided check or account verification letter from the bank.



5

Must be authorized by signature of the investor(s) and accepting financial advisor.

Financial Advisor or Investor Representative Change

New Broker Dealer or Financial Institution Name: _____

New Financial Advisor/Investor Representative Name: _____

Advisor Number: _____ Adviosr Branch #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Financial Representative: _____ Date (mm/dd/yyyy): _____

Principal Signature (if applicable): _____ Date (mm/dd/yyyy): _____

6

Investor electronic delivery consent

Paperless delivery (Please check box if you wish to elect this option) Email _____
By checking 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.

Owner/Trustee

SSN/Tax ID

7

Required For All Changes.

Sections 1.1, 3 and 5 must be authorized with the signature of the Investor(s) and/ or Custodian.

Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/ Trustee and when Investor Name is changing.

Required Signatures

Required Signatures - All Investors or Authorized Repre

X _____ Date: _____
Signature of Individual Owner, Trustee, Custodian, Entity

X _____ Date: _____
Signature of Joint Owner, Trustee or Custodian (if applicable)

X _____ Date: _____
Additional Owner's Signature (if applicable)

Medallion Signature Guarantee (if required)

8

Please send this completed Transfer Form to:

Mailing Instructions

Fax Completed Forms to: 816-256-5866

Mail Completed Form to:

Wildermuth Endowment Fund
P.O. Box 219030
Kansas City, MO 64121-9030

OR

Via Overnight Delivery:

Wildermuth Endowment Fund
430 W 7th Street Suite 219030
Kansas City, MO 64105-1407

Owner/Trustee

SSN/Tax ID