

ACCOUNT OPTIONS FORM

SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

()
Day Phone

()
Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and what your new name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 9.

SECTION 3: Automatic Investment Plan

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:

Establish Modify or Discontinue an automatic investment plan

There is a \$100 requirement per term per fund.

SECTION 3: Automatic Investment Plan (continued)

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

How often would you like automatic investments?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each Month.

- Please provide bank information in Section 7, if applicable.
- Please Note:
 - Attach a separate letter of instruction if the bank account holder is different than the Seven Canyons Funds account holder.
 - The minimum automatic investment is \$50.
 - For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
 - A signature guarantee is required if shares are redeemed within 15 days of adding or changing bank information.

SECTION 4: Systematic Withdrawal Plan

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis.

Please complete this section if you would like to:

Establish Modify or Discontinue a systematic withdrawal plan.

There is a \$100 requirement per term per fund.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each Month.

Money is to be sent by: ACH Check or Cross-Invest

Fund _____

Account Number _____

- Please provide bank information in Section 7.
- Please note, the cost basis method on your account will be used for redemptions.

SECTION 5: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest
 Capital Gains distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 7 if you do not have bank information listed on your account.

SECTION 9: Signature Guarantee (If Required) (continued)

Eligible guarantor's: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
Savings Associations
Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*) Bank or Dealer Firm

Officer's Title Officer's Signature Date (*MM/DD/YY*)

[STAMP]

Please mail completed form to:

Mailing Address
[Seven Canyons Funds](#)
PO. Box [1920](#)
Denver, CO 80201

Overnight Address
[Seven Canyons Funds](#)
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at [833-7-CANYON \(833-722-6966\)](tel:833-7-CANYON) or visit www.sevencanyonsadvisors.com.