



# ACCOUNT PRIVILEGES CHANGE FORM

## MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Zacks Funds  
PO Box 2175  
Milwaukee WI 53201-2175

Overnight Delivery

Zacks Funds  
C/O UMB Fund Services, Inc.  
235 W. Galena Street  
Milwaukee WI 53212

## PART I: CURRENT ACCOUNT INFORMATION

Changes will apply to the following accounts:

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Names(s) on Account: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

## PART II: BANK INFORMATION

**Note: This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. A Medallion signature guarantee is required to add bank instructions to your account.**

I would like to:  Add  Change Bank Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:

Checking Account  Savings Account

I authorize the bank listed above for:

Electronic Funds Transfer (takes 2 – 3 business days to receive proceeds)

Wire (\$20 Fee – takes 1 business day to receive proceeds)

## PART III: TELEPHONE OPTIONS

Note: A Medallion signature guarantee is required to add telephone exchange or redemption privileges to your account.

Add  Delete

Telephone Redemption: Permits the redemption of a maximum of \$50,000.

**PART IV: AUTOMATIC INVESTMENT PLAN**

If you are adding or changing your bank information, please complete Section II. Bank information is required in order to establish an automatic investment plan. Minimum additions to the Fund for auto investments are \$50. Automatic investments can be made on the 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> and/or 25<sup>th</sup> of each month.

I would like to:

Add  Change Automatic Investment Plan

Monthly  Quarterly

Begin investment on (month, year): \_\_\_\_\_

5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Your automatic investment will be withdrawn directly from your checking or savings account named in Section II on the date you have selected or the first business day thereafter. You will be assessed a \$25 fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 15th of each month.

**PART V: SYSTEMATIC WITHDRAWAL PLAN**

Minimum withdrawal for a Systematic Withdrawal Plan is \$50.

Monthly  Semi-annually (indicate month to start)  
 Quarterly  Annually (indicate month)

Begin withdrawal on (month, year): \_\_\_\_\_

5<sup>th</sup>  20<sup>th</sup> Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5<sup>th</sup>  20<sup>th</sup> Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

5<sup>th</sup>  20<sup>th</sup> Fund: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Method (check one)

Check to Address of Record  Bank Information Currently on Account  New Bank Information\*

\* If you are adding or changing your bank information, please complete Section II.

**Provisions of the Systematic Withdrawal Plan**

Zacks Funds Systematic Withdrawal Plan is available for any shareholder account worth at least \$1,000.

By completing this form, you are appointing Zacks Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5<sup>th</sup> and/or 20<sup>th</sup> of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

**PART VI: SIGNATURE(S) AND CERTIFICATIONS**

I (we) certify that I (we) am (are) the account owner(s) authorized to make these elections and that all information provided by me (we) is true and accurate. I (we) authorize the above changes to my (our) Zacks Funds account. I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

All registered owners, officers, partners, trustees or custodian must sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

**PART VII: MEDALLION SIGNATURE GUARANTEE**

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan, or other eligible guarantor institution.

**A notarization from a notary public or a signature guarantee is not acceptable.**



Medallion Signature Guarantee (if required)