



# Fund of Funds Lp

This document contains both information and form fields. To read information, use the Down Arrow from a form field.

## Account Options Form

CLASS INSTITUTIONAL SHARES

This Account Options form is for clients who wish to make changes to their existing Fund of Funds Lp Interval Fund account. If your Fund of Funds Lp Interval Fund account is held through a financial advisor or intermediary, please contact them to make changes to your account.

### Instructions

Please complete the applicable section(s) on this form. This form includes sections to change:

- Address
- Account Registration
- Dividend Reinvestment Plan (DRIP)
- Bank Account Information
- Dealer
- Authorized Signer(s)

### 1. Current Account Information (Required)

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Requestor Name \_\_\_\_\_ Telephone Number (                    ) \_\_\_\_\_

### 2. Address Change

Mailing Address Change                    Physical Address Change

New Street Address \_\_\_\_\_

New City \_\_\_\_\_ New State \_\_\_\_\_ New ZIP Code \_\_\_\_\_

New Daytime Telephone Number (    ) \_\_\_\_\_

### 3. Registration Change

Former Account Name

\_\_\_\_\_ New Account Name

\* Please include supporting legal documents illustrating the change. For example, marriage license, trust documents, corporate resolution, etc.

#### 4. Dividend and Capital Gain Distributions

Select your dividend and capital gain distribution method. Check one box for dividends and/or one box for capital gains. If not sp dividends and capital gains will be reinvested in the fund that pays them.

Deposit via electronic transfer to my bank account.	Dividends	Capital Gains
Pay by check to the mailing address of record on the account.	Dividends	Capital Gains
Reinvest in the same fund that pays them.	Dividends	Capital Gains

#### 5. Bank Account Information Change

Use the bank account information on the attached voided check.

Use the bank account information provided below.

Bank ABA Number \_\_\_\_\_ Bank Account Number (DDA) \_\_\_\_\_ Bank  
Account Name \_\_\_\_\_ For Further Credit  
Number \_\_\_\_\_ For the Benefit of \_\_\_\_\_ Bank Name  
\_\_\_\_\_

Bank Contact \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Please note that changes to the wire instructions must be received in writing from the account owner or Authorized Person and must contain a Medallion Signa  
Signature Validation Program Stamp.

#### 6. Dealer Information Change

From Dealer Name \_\_\_\_\_

Representative's Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Rep ID Number \_\_\_\_\_ Representative's Branch Office Number \_\_\_\_\_

New Dealer Name \_\_\_\_\_

Representative's Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Rep ID

Number \_\_\_\_\_ Representative's Branch Office Number \_\_\_\_\_ Branch

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

##### New Dealer Home Office Address:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ )

T\_e\_l\_e\_p\_h\_o\_n\_e\_N\_u\_m\_b\_e\_r\_( \_\_\_\_\_

New Rep Signature X \_\_\_\_\_ Date \_\_\_\_\_ Principal or

Authorized Back Office Signature X \_\_\_\_\_ Date \_\_\_\_\_

7. Authorized Signer(s) Change

Anyone currently listed as an Authorized Signer on the account and not listed in this section will be removed from the account. If you need additional space to name Authorized Signers, attach a separate sheet that includes all of the information requested below and include a copy of your Corporate Resolution, Trust documents, or similar organizational document evidencing capacity.

Name (First, Middle Initial, Last) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

8. Signature of Account Owner(s) or Authorized Person(s):

Name (First, Middle Initial, Last) \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_ Signature X

\_\_\_\_\_ Date \_\_\_\_\_ Name (First, Middle

Initial, Last) \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number ( )

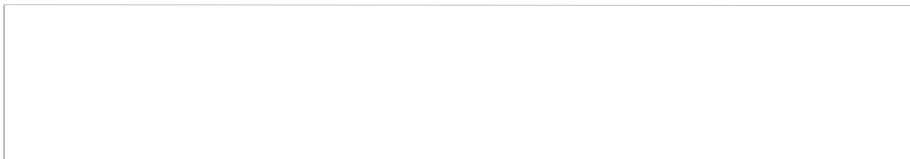
\_\_\_\_\_ Email \_\_\_\_\_ Signature X

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Owner(s) or Authorized Person(s): \*\*

This is only required if updating banking information or if making a legal name change without attaching supporting legal documents.

Medallion Signature Guarantee or Signature Validation Program Stamp\*\*\*:



By:

Name of Guarantor \_\_\_\_\_ Title of

Guarantor \_\_\_\_\_ Signature of

Guarantor X \_\_\_\_\_ Date \_\_\_\_\_

\*\*This section needs to be completed only if updating banking information. \*\*\*Please note that for transactions considered financial in nature, Fund of Funds Lp Interval Funds requires a Medallion Signature Guarantee (MSG). A Signature Validation Program (SVP)