



ACCOUNT PREFERENCES CHANGE FORM

- Use this form to add or change account preference and options on your existing mutual fund account
- Please complete separate forms for accounts that are not identically registered
- Acceptable methods of receipt include mail and fax (emails not acceptable)
- If your change requires a Medallion Signature Guarantee stamp, you may not fax the form – mail the original

1. Account Information

Volumetric Fund

Fund Family Name

Account Number(s)

Owner's Name

Joint Owner's Name (if applicable)

Social Security Number or TIN

Social Security Number or TIN

2. Address Update

Mailing Address

City

State

Zip Code

If you are using a PO Box for a mailing address you must also list your physical street address:

Street Address

City

State

Zip Code

3. Telephone Privileges

Allow

Do Not Allow

Redemption by phone

☐☐

Exchange by phone

☐☐

4. Dividend and Capital Gain Distributions

Reinvest

Cash.

Dividends

☐☐

*If cash, please indicate how you would like your distributions to be paid. If nothing is marked we will mail a check to the address of record

Capital Gains

☐☐

- ☐ Mail a check to my address of record
- ☐ Automatically deposit my proceeds to the bank account in Section 5
- ☐ Automatically reinvest my distributions in the following account:

Volumetric Fund

Fund Name

Account Number

5. Banking Information

Type of Bank change: ☐ Adding bank information to this account*

☐ Changing the bank information on this account*

Type of Bank account: ☐ Checking

☐ Savings

Name on Bank account

Name of Bank

ABA routing number (first nine digits at bottom left on your check)

Account Number (at bottom right on your check)

***If you are adding or changing bank information on your account, please have your signature guaranteed or validated in section 7**

If you do not specify that you are adding bank information, we will change the purchase bank information on your account. If you have difficulty determining your ABA routing number, account number, or are using a savings account, please contact your bank.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

PLEASE DO NOT USE A DEPOSIT TICKET

6. Name Change

I hereby certify that _____ and _____
Old Name New Name
are one and the same person.

**Medallion Signature Guarantee Stamp or Signature Validation Program Stamp is required.
Please see section 7.**

7. Please Read and Sign Below

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

All Account Owners Must Sign

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if applicable)

Date

*The Funds and their transfer agent will accept a Medallion Signature Guarantee Stamp or Signature Validation Program Stamp executed by eligible issuers participating in the Securities Transfer Agents Medallion Program 2000 (STAMP 2000) on your non-financial account request. Eligible issuers include U.S. domestic banks, credit unions, savings associations (including savings and loan associations), trust companies, national securities exchanges, registered securities associations, clearing agencies, and participating brokers/dealers. Please keep in mind that if any part of your request results in a financial transaction, we will require a Medallion Signature Guarantee. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee

OR

Signature Validation Stamp

Medallion Signature Guarantee

OR

Signature Validation Stamp

Mail Completed Form:

Volumetric Fund
c/o Ultimus Fund Solutions
PO Box 46707
Cincinnati, OH 45246

Overnight Deliveries:

Volumetric Fund
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax:

402-963-9094