



**AUTOMATIC PURCHASE / WITHDRAWAL REQUEST FORM**

**U.S. Mail or Overnight:**

The Industry Leaders® Fund  
Mutual Shareholders Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

**Toll Free 1-866-280-1952**

**The Industry Leaders® Fund ("ILF™") will transfer money via the Automated Clearing House [ACH] to and from your bank account.**

Please complete this form if you wish to start an Automatic Investment Plan or an Automatic Withdrawal Plan with Industry Leaders® Fund. The Transfer Agent, Mutual Shareholders Services, will handle all details of this Automatic Investment Plan and/or Automatic Withdrawal Plan for you.

**1 NAME AND ADDRESS**

Name (First, Initial, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Home Telephone  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Business Telephone

**EXISTING INDUSTRY LEADERS® FUND ACCOUNT NUMBER** \_\_\_\_\_

**2 INFORMATION ABOUT YOUR BANK**

Bank Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Telephone Number

**ABA Routing / Transit Number** \_\_\_\_\_  **Checking**  **Savings**

*NOTE:* Your bank account registration must match the registration information on this form, including spellings, abbreviations, and initials. All registered shareholders of the accounts must have their signatures guaranteed in Section 3 of this form by an authorized officer of a bank that is a member of the Federal Deposit Insurance Corporation (FDIC), a trust company, or a member of a domestic stock exchange.

**← IMPORTANT: Please attach a voided check here to verify bank information.**

**3 PLEASE MARK THE SERVICE YOU WISH TO ESTABLISH**

- Automatic Investment Plan \* Transfers money from your bank account to your ILF account on a **monthly** basis.
- Automatic Withdrawal Plan \* Transfers money from your ILF account to your bank account on a **monthly** basis.
- Unique Purchase or Redemption Enables you to transfer money between your ILF account and your bank account by toll-free number on any business day of the month.

\* For Automatic Investment Plan transactions, your bank account will be debited on the 15th of each month or the following business day. For Automatic Withdrawal Plan transactions, your bank account will be credited normally 2-3 business days after the 25th day of each month. Neither Mutual Shareholders Services, nor the Fund shall be liable for any loss arising from delays in processing or failure to prepare debit entries. If a check or debit used to purchase shares is returned for any reason, this plan may be canceled by Mutual Shareholders Services and I/we agree to return any amount paid to me/us from the redemption of shares purchased with the payment.

Mutual Shareholders Services and the Fund cannot guarantee that you will receive our Automatic Withdrawal Plan payment on the exact date stated and reserve the right to amend or terminate Automatic Withdrawal Plans at any time. If you selected the Automatic Investment or Automatic Withdrawal Plan, please use Section ④ to indicate the Fund(s) and the dollar amount(s) (\$100 minimums) you wish to establish.

**④ INVESTMENT INFORMATION** (Amount of Investment *or* Withdrawal and Shares)

The Industry Leaders® Fund \$ \_\_\_\_\_

- Investor Shares (ILFIX)**
- Institutional Shares (ILFLX)**

**⑤ SHAREHOLDER SIGNATURES**

***IMPORTANT: All registered shareholders must sign exactly as registered.  
Joint Signatures are required when bank account is in joint names.  
Please sign exactly as signature appears on your Bank's records.***

I/We authorize Industry Leaders® Fund, upon written and/or telephonic request, to pay amounts representing redemptions or to secure payments of amounts invested by initiating credit or debit entries to my/our indicated bank account. I/We authorize the bank to accept any such credits or debits to my/our account without responsibility for the correctness thereof. I/We further agree that Industry Leaders® Fund, and/or its transfer agent, Mutual Shareholders Services, and/or the custodian, UMB Bank, n.a. will not be held accountable for any loss, liability, cost or expense for acting upon my/our written and/or telephonic instructions.

It is further understood that this authorization may be terminated by me/us at any time by written notification to Industry Leaders® Fund c/o Mutual Shareholders Services and to the bank. The termination request will be effective as soon as Industry Leaders® Fund via its transfer agent, Mutual Shareholders Services has had a reasonable amount of time to act upon such request.

\_\_\_\_\_  
Authorized Signature of Registered Shareholder Date

\_\_\_\_\_  
Authorized Signature of Registered Shareholder (If Joint Account) Date

**⑥ SIGNATURE GUARANTEE** (If Applicable)

As stated in Section ② herein, if your bank account registration does not exactly match the registration of all of the accounts you have listed, all registered shareholders must have their signatures guaranteed below.

\_\_\_\_\_  
Authorized Signature of Registered Shareholder

\_\_\_\_\_  
Authorized Signature of Registered Shareholder (If Joint Account)

AUTHORIZED OFFICER TO  
PLACE STAMP HERE

  
  

\_\_\_\_\_  
Guarantor's Signature

  

\_\_\_\_\_  
Title