

Your Avenue To Sound Investment

☐ Change of Ownership on a Trust Account\*

☐ Change the Trustee on a Trust Account

☐ Inheritance\* (due to death of shareowner):

☐ Change of Ownership

☐ Change of Custodian/Guardian (UGMA/UTMA)

Alternate Date: \_\_\_\_/\_\_\_

or Alternate Value \$\_\_\_\_\_

Minor has reached age of majority (UGMA/UTMA)\*

Date of Death: \_\_\_\_\_ (required)

# **Change of Account Ownership Form**

Please complete all sections and mail form to the address provided below.	For assistance call: 800-262-9565			
This form may be used to change the ownership of an existing account or transfer shares from an existing non-retirement account into a new or existing non-retirement account. All transfers to a new account will require a New Account Application.	There is a special rule under the estate tax that allows the executor (the person in charge of the estate) to elect a different valuation date in certain cases. Please consult your tax advisor for more information.   Gift:			
1 CURRENT ACCOUNT INFORMATION	Date of Gift:/			
1 CORRENT ACCOUNT INFORMATION				
ACCOUNT OWNER'S NAME   JOINT ACCOUNT OWNER'S NAME (IF APPLICABLE)	FAIR MARKET VALUE ACCEPTANCE (SIGNATURE OF NEW OWNER			
RESIDENTIAL ADDRESS	(If the recipients existing account or new account will use the Average Cost accounting method, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares should be transferred at a loss.)			
DAYTIME PHONE NUMBER	*A completed New Account Application is required.			
FUND NAME(S) ACCOUNT NUMBER	4 COST BASIS INFORMATION — TRANSFER OVERRIDE OPTIONS			
2 RECEIVING ACCOUNT INFORMATION	The cost basis method that is currently on your account			
Please select one of the following.	will be utilized to deplete the shares for this transaction			
☐ Transferring to a New Account. (A completed New Account Application will be required.)	unless you provide specific share lots or provide an alternate election method.			
☐ Transferring to an Existing Account #	☐ First-In First-Out ☐ Low Cost			
3 REASON FOR OWNERSHIP CHANGE	☐ Last-In First-Out ☐ Loss/Gain Utilization			
(Please provide the reason for the change of ownership/	☐ High Cost  If the share amount does not cover the depletion of the transfer, your secondary method or elected method may be utilized to			
transfer of shares.) If a reason is not provided this transfer will be defaulted to a transfer due to gift.				
Re-registration:	complete this transfer. This is only necessary for partial transfers.			
☐ Change of Ownership due to divorce*	☐ Specific Lot Depletion			
☐ Change from an Individual to a Joint Account*	Date of Purchase/Number of Shares			
☐ Change of Ownership from an Individual or Joint Account	Date of Purchase/Number of Shares			
to a Trust Account*	Date of Purchase/Number of Shares			
☐ Change of registration to a Transfer on Death (TOD) Account*	If you have shares transferred that were purchased prior to January 1, 2012 (non-covered shares), we may be able to			

provide you an average cost for these shares upon depletion.

This information will be provided to you on your 1099-B and you can choose to use this information for your taxes. This information will not be provided to the IRS.

☐ Yes, please provide average cost information on my noncovered shares when available. I understand that noncovered shares will be redeemed first and that covered shares will be redeemed using the method elected above; after all non-covered shares have been depleted. I understand that if I chose Specific Lot I will not be eligible to receive average cost on my non-covered shares.

(over please)

Please choose on	e of the following options.		
☐ Transfer all sh	ares of the fund/account spe	ecified in Step 1.	
☐ Partial Transfe of the fund/ac	er: \$ or count specified in Step 1.	shares	Affix Medallion S
☐ Transfer share accounts and	s from multiple fund/accour share amounts below):	nts. (Please list the	
FUND NAME	ACCOUNT NUMBER	SHARE AMOUNT	
FUND NAME	ACCOUNT NUMBER	SHARE AMOUNT	
6 SIGNATU	IRES AND AUTHORI	ZATION	
signers must sign b signing on behalf o	te your request, the required melow exactly as it appears on y f the account owner, please inc Signature Guarantee will be re	our account (if lude your designated	Affix Medallion S
is genuine and pr A Medallion Sig officer of a comm loan or savings b	gnature Guarantee assures rotects investors from unaut nature Guarantee may be old nercial bank or trust comparank, or a member firm of a dization by a notary public is	horized requests. otained from an ny, savings and domestic stock	
	the owner(s) of the above refe the change of account ownersl this form.		
ACCOUNT OWNER'S SIG	GNATURE AND DATE		
TITLE (IF ACTING ON B	EHALF OF THE ACCOUNT OWNER)		
JOINT ACCOUNT OWN	ER'S SIGNATURE AND DATE		
TITLE (IF ACTING ON B	EHALF OF THE ACCOUNT OWNER)		
Please return the	completed form to the add	ress below:	
Bishop Street Fun P.O. Box 219009	ds		
Kansas City, MO	64121-9009		

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at (800) 262-9565.

Affix Medallion Signature Guarantee stamp.

Affix Medallion Signature Guarantee stamp.

## **Certification Regarding Beneficial Owners of Legal Entity Customers**

TO BE COMPLETED ALONG WITH THE APPLICATION FOR THE FOLLOWING ENTITIES TYPES: a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

#### I. GENERAL INSTRUCTIONS

### What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

## Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

## II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:	
b. Name and Address of Legal Entity for Which the Account is Being Opened:	

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

(If no individual meets this def	inition, pleas	e write "Not Applicable.")			
* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.					
d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:					
<ul> <li>An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or</li> </ul>					
<ul> <li>Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).</li> </ul>					
Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar	
* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.					
I, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.					
Signature:					

Date: \_\_