

## Knights of Columbus Funds — Change of Account Ownership Form

For Assistance Call: 1-844-KC-Funds (1-844-523-8637)

Please complete all sections and mail form to the address provided below.

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.

# 1 CURRENT ACCOUNT INFORMATION

Please print or type clearly.	
ACCOUNT OWNER'S NAME	JOINT ACCOUNT OWNER'S NAME (IF APPLICABLE
RESIDENTIAL ADDRESS	
DAYTIME PHONE NUMBER	
FUND NAME(S)	ACCOUNT NUMBER
2 RECEIVING ACCINFORMATION	COUNT
Please select one of the following:  Transferring to a New Account (A compl be required).  Transferring to an Existing Account #	
3 REASON FOR OWNERSHIP CH	HANGE
(Please provide the reason for the change of not provided this transfer will be defaulte	
Re-registration:	
☐ Change of Ownership due to Divorce*	☐ Change of Ownership on a Trust Account
☐ Change from an Individual to a Joint Account*	☐ Change of Custodian/Guardian (UGMA/UTMA)
☐ Change of Ownership from an Individual or Joint Account to a Trust Account*	Change of Ownership Minor has reached age of majority (UGMA/UTMA)*
☐ Change of Registration to a Transfer on Death (TOD) Account*	☐ Change the Trustee on a Trust Account
☐ Inheritance* (due to death of shareowner):	
Date of Death:/(r	equired)
Alternate Date:/	
or Alternate Value \$(op	otional)
•	that allows the executor (the person in charg date in certain cases. Please consult your ta
☐ Gift:	
Date of Gift:/	
Fair Market Value Acceptance	(signature of new owner)

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.

\*A completed New Account Application is required.

## 4 COST BASIS INFORMATION— TRANSFER OVERRIDE OPTIONS

		nt will be utilized to deplete the hare lots or provide an alternate
☐ First-In First-Out	☐ Low Co	st
☐ Last-In First-Out	☐ Loss/G	ain Utilization
☐ High Cost		
	•	ansfer, your secondary method or This is only necessary for partial
☐ Specific Lot Depletion		
Date of Purchase:/	/Number of	Shares
Date of Purchase:/	/Number of	Shares
Date of Purchase:/_	/Number of	Shares
-		to January 1, 2012 (non-covered for these shares upon depletion.
covered shares will be covered shares have be	redeemed using the methon the methon depleted. I understand the average cost on my non the TO	will be redeemed first and that od elected above; after all non- that if I chose Specific Lot I will -covered shares.
Please choose one of the fo	ollowing options.	
☐ Transfer all shares of the fu	und/account specified in Sec	ction 1.
☐ Partial Transfer: \$ fund/account specified in \$		shares of the
☐ Transfer shares from multi amounts below):	ple fund/accounts. (Please li	st the accounts and share
FUND NAME	ACCOUNT NUMBER	SHARE AMOUNT
FUND NAME	ACCOUNT NUMBER	SHARE AMOUNT

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# 6 SIGNATURES AND AUTHORIZATION

In order to complete your request, the required number of authorized signers must sign below exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title), a Medallion Signature Guarantee will be required.

A **Medallion Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A Medallion Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is *not* acceptable.

The Funds participate in the Paperless Legal Program. Requests received with a Medallion Signature Guarantee will be reviewed for the proper criteria to meet the guidelines of the Program and may not require additional documentation.

By signing below, the owner(s) of the above referenced account(s) hereby authorizes the change of account ownership or transfer of shares specified in this form.

ACCOUNT OWNER'S SIGNATURE AND DATE

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

JOINT ACCOUNT OWNER'S SIGNATURE AND DATE

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

Please return the completed form to the address below:

Regular Mail: Overnight:

Knights of Columbus Funds
c/o SS&C GIDS, Inc.
P.O. Box 219009
Kansas City, M0 64121-9009
Knights of Columbus Funds
c/o SS&C GIDS, Inc.
801 Pennsylvania Ave
Suite 219009

Kansas City, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 1-844-KC-Funds (1-844-523-8637).

Affix Medallion Signature Guarantee stamp.

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### **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: \_\_