ACCOUNT OPTIONS FORM



Please complete the appropriate section of this form to authorize one or more of the special account options listed below. If you need more space, attach a seperate sheet of paper. Do not use this form for retirment accounts. For assistance, please call (800) 955-9988.

P.O. Box 87 Denver, CO 80201-0087 MAIN (800) 955-9988 FAX (303) 534-5627 info@sheltoncap.com

SECTION 1: ACCOUNT INFORMATION	SECTION 3: DISTRIBUTION OPTIONS		
Account Number	Please complete this section if you would like current distribution option.	e to change you	
Social Security Number	Dividend Distribution:	☐ Reinvest☐ Reinvest	
Social Security number	1		
Owner	Check here if you would like cash distributions deposited directly to your bank account.		
Joint Owner (if applicable)	Please provide bank information in Section 6, if applicable.		
Juliit Owner (11 applicable)	SECTION 4: SYSTEMATIC WITHDRAWAL PLAN		
Mailing Address	Systematic withdrawal plan automatically wit from this account on a monthly, quarterly or an		
City, State, Zip Code () () Day Phone Evening Phone	complete this section if you would like to: E or Discontinue a systematic withdrawal plan. requirement per month per fund.	Establish, Modify	
E-mail Address		mount	
☐ Check here if new address	\$_ \$_		
SECTION 2: AUTOMATIC INVESTMENT PLAN			
An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue an automatic investment plan. There is a \$100 requirement per month per fund.	Total Amount \$ How often would you like automatic withdrawals? □Monthly □Quarterly □Annually	7	
Fund Name Amount	On or about which date? (e.g., 2nd, 15th)		
\$\$ \$	If no date is specified, withdrawals will be made 15th of each term (month, quarter, or year).	e on or about the	
\$ Total Amount \$	Money is to be sent by: ☐ ACH ☐ Check or ☐ Cross-Invest Fund		
How often would you like to invest?			
□Monthly □ Quarterly □ Annually	Account Number		
On or about which date? (e.g., 2 nd , 15 th)	SECTION 5: TELEPHONE & ONLINE PRIVILEGES Telephone privileges:		
If no date is specified, investments will be made on or about the 15th of each term (month, quarter, or year).	Online privileges: ☐ Add ☐ Rem	nove	
Please provide bank information in Section 6, if applicable.	Adding telephone/online transaction privileges	with redemption	

capabilities requires bank information. Please complete Section 6 if you do not have bank information listed on your account.

SECTION 6: BANK INFORMATION

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan; a systematic withdrawal plan; telephone/online transaction privileges; wire transfer capabilities; and/or are having cash distributions deposited into your account.

	Wire transfer. make such tra	chase and reder I understand to essections via to the au	mptions via: A his authorizati elephone with	CH tran on will an Inve	nsfer and/or allow me to estor Service
	I would like t account for pu transfer.	o modify my o irchases and re			
	I would like t purchases and	o remove bank redemptions v			
Ac	count type:	☐ Checking	☐ Saving	gs.	
Nam	e on Bank Account				

ABA Routing Number

Bank Account Number

Bank Name

Please attach a voided check or savings deposit slip from the specified bank account.

Adding/changing bank information requires a medallion signature guarantee. Please see Section 8.

I authorize Shelton Capital Management to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Shelton Capital Management will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Shelton Capital Management. The termination request will be effective as soon as Shelton Capital Management has had reasonable time to act upon it.

SECTION 7: SIGNATURES

I authorize Shelton Capital Management to make the changes indicated to my account.

I authorize Shelton Capital Management, and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Shelton Capital Management nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

		/	/	
Owner Signature	Date			
		/	/	
Joint Owner Signature (if applicable)	Date			

SECTION 8: SIGNATURE GUARANTEE

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantors: Commercial Banks

Credit Unions

Member Firms of a domestic stock exchange National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)

Savings Associations Trust Companies

Medallion Signature	e Guarantee Stamp (ID Required)	
Bank or Dealer Firm	1	
Officer Title		
Officer Signature	Date	
	Affix Stamp Here	

Please mail completed form to:

Shelton Capital Management P.o Box 87 Denver, CO 80201-0087

If you have any questions, please contact a Client Service Representative at (800) 955-9988.