

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 separate sheet of paper. Do not use this form for retirement 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

Account Number _____

Social Security Number _____

Owner _____

Joint Owner (if applicable) _____

Mailing Address _____

City, State, Zip Code _____

() _____ () _____
 Day Phone Evening Phone

E-mail Address _____

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.

Fund Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like to invest?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each term (month, quarter, or year).

Please provide bank information in Section 6, if applicable.

SECTION 3: DISTRIBUTION OPTIONS

Please complete this section if you would like to change your current distribution option.

Dividend Distribution: Cash Reinvest
 Capital Gains Distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account.

Please provide bank information in Section 6, if applicable.

SECTION 4: SYSTEMATIC WITHDRAWAL PLAN

Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue a systematic withdrawal plan. There is a \$100 requirement per month per fund.

Fund Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about the 15th of each term (month, quarter, or year).

Money is to be sent by:

ACH
 Check or
 Cross-Invest
 Fund _____

Account Number _____

SECTION 5: TELEPHONE & ONLINE PRIVILEGES

Telephone privileges: Add Remove
 Online privileges: Add Remove

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.

