



## 1. INSTRUCTIONS

- This form is used to perform certain account maintenance to your account.
- All shareholders on the account must sign this form
- Mail this completed form to:

**Sound Shore Fund**  
**P.O. Box 588**  
**Portland, ME 04112**

**or Overnight Delivery to:**  
**Contact us at: 1-800-551-1980**

**Sound Shore Fund**  
**C/O Atlantic Fund Services**  
**Three Canal Plaza, Ground**  
**Floor Portland, ME 04101**

## 2. INVESTOR INFORMATION

Account Registration \_\_\_\_\_ Account Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_ Email Address \_\_\_\_\_

Check Box If New Address. **Redemption requests received within 30 days of a change of address must be in writing, with a Medallion signature guarantee, in order to be processed.**

## 3. DISTRIBUTION OPTIONS

Please indicate any changes to your current distribution options (dividends and capital gains) here.

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.

## 4. AUTOMATIC INVESTMENT PLAN

Please use this to establish regular contributions into your account through deductions from your bank account. If a bank account has not been previously established to the account listed above, please see **Section 7, Bank Instructions. See Prospectus for minimum investment amounts.**

- Please invest \$ \_\_\_\_\_ once a month through deductions from my bank account on the \_\_\_\_\_ day of the month.
- Please invest \$ \_\_\_\_\_ twice a month through deductions from my bank account on the \_\_\_\_\_ and \_\_\_\_\_ days of the month.

## 5. SYSTEMATIC WITHDRAWAL PLAN

Please use this section to establish regular redemptions from your account, with proceeds to be sent as elected below. **This form may NOT be used for periodic withdrawals from IRA accounts. See Prospectus for minimum systematic withdrawal amounts.**

Please withdraw \$ \_\_\_\_\_ from my account on the \_\_\_\_\_ day of the month. Send proceeds to:

- Bank Account on Record (Please complete Section 7 if instructions are not previously established)
- Account's Address of Record (by check)

## 6. TELEPHONE REDEMPTION OPTIONS

Telephone redemption privileges are not available for IRA's. **A Medallion signature guarantee is required in order to make this change.**

- Please enable my account to have telephone redemption privileges.

**7. BANKING INSTRUCTIONS**

Please use this section to add or change banking instructions currently on your account. **A Medallion signature guarantee is required in order to make this change.** Please attach a voided check (not a savings deposit slip). For accounts with current bank instructions, please indicate:

Replace current instructions or  add as additional account

Name of Bank: \_\_\_\_\_

Checking Account

ABA (Routing Number): \_\_\_\_\_

or

Account Number: \_\_\_\_\_

Savings Account

**8. BENEFICIARY OR TRANSFER ON DEATH RECIPIENT(TOD)**

Please complete this section to add or change a beneficiary (TOD for non-IRA accounts).

**Primary Beneficiaries** (Percentages must total 100%)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Birth Date Social Security Number Relationship Percentage

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Birth Date Social Security Number Relationship Percentage

**Secondary Beneficiaries** (Percentages must total 100%)

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Birth Date Social Security Number Relationship Percentage

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Birth Date Social Security Number Relationship Percentage

**9. MEDALLION SIGNATURE GUARANTEE**

By my signature, I am authorizing these changes to be made on my account. I have received and read the Fund’s Prospectus and agree to be bound by its terms.

\_\_\_\_\_  
Signature of Account Owner Date

**Medallion Signature Guarantee – Account Owner**

\_\_\_\_\_  
Signature of Joint Account Owner Date

**Medallion Signature Guarantee – Joint Account Owner**