



# Account Maintenance Form

Please complete this form to add or change options to your existing Ameristock account.

Please note this form cannot be used to change the registration or names on your account. Please call us for instructions to make these changes at 1-800-394-5064.

## 1 Account Information

Please provide us with information about your existing account.

Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_

Account Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Check here if the address provided is a new address.

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address (if any) \_\_\_\_\_

## 2 Duplicate Statement Copies

Please complete this section to authorize another individual to receive copies of your account statements.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address (if any) \_\_\_\_\_

## 3 Distribution Option

Please complete this section to change your current distribution option.

Please pay all income dividends and capital gain distributions in cash.

Please reinvest all dividends and capital gains.

Please check here if you would like your cash distributions transferred directly to your bank account. **Please provide your banking information in Section 7 for this option.**

## 4 Telephone Redemption

Please complete this section to add or remove Telephone Redemption. This option allows you to place a redemption request over the telephone and receive a check to your address of record.

Please add the Telephone Redemption option to my account.

Please remove the Telephone Redemption option from my account.

## 5 Transfers Between Your Bank and Ameristock

Check here to authorize electronic transfers between your bank and Ameristock Funds for purchases and redemptions. **Please provide your banking information in Section 7.**

## 6 Automatic Investment Plan

Please complete this section to establish automatic investments (minimum of \$100 per month per fund) into your Ameristock account directly from your bank checking or savings account.

**Please provide your bank information in Section 7.**

Fund Name	Automatic Investment Amount
Ameristock Mutual Fund, Inc.	\$ _____
Ameristock Focused Value Fund	\$ _____

**How often would you like to invest this amount?**

Monthly     Bi-Monthly     Quarterly

*All automatic purchases occur on the 21st of each month or the following business day.*

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## 7 Banking Information

Please complete if you have elected options related to your bank account in Sections 3, 5, or 6.

A voided check or savings deposit slip from your bank account must be attached to this form in order to establish either an Automatic Investment Plan or Transfers Between Your Bank and Ameristock.

Please indicate type of account:  Checking  Savings

\_\_\_\_\_  
Name(s) on Bank Account

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

\_\_\_\_\_  
ABA Routing Number (first nine digits at bottom left on check)

\_\_\_\_\_  
Bank Account Number (include branch number)

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## 8 Signatures

By signing below:

- I am authorizing Ameristock to make the changes indicated to my account.
- If I am adding the services in Sections 4, 5, or 6, I authorize Ameristock Funds 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 Ameristock Funds 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 communicated by phone are genuine. "Reasonable procedures" might include, for example, recording instructions, providing written confirmation of transactions or requiring a form of personal identification prior to acting on instructions received by telephone. I consent to the recording of telephone conversations.
- By adding services listed in Sections 5 or 6, I/We authorize Ameristock, upon telephone request, to initiate credit and debit entries to my/our accounts at the bank that I/we have indicated. I/We further agree that Ameristock will not be held accountable for any loss, liability, or expense for acting upon my/our telephone instructions. It is understood that this authorization may be terminated by me/us at any time by written notification to Ameristock and to the bank. The termination request will be effective as soon as Ameristock has had reasonable time to act upon it.

**Please note, a signature guarantee may be required as indicated in Section 9.**

All owners must sign below.

\_\_\_\_\_  
Signature: Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Joint Owner

\_\_\_\_\_  
Date

**Important:** Please have any co-owner of your bank account who is not a co-owner of your mutual fund account sign below. **Please note that their signature must also be guaranteed in Section 9 below.**

\_\_\_\_\_  
Bank Account Owner Signature

\_\_\_\_\_  
Date

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## 9 Signature Guarantee

A signature guarantee is required for adding or changing bank information related to Sections 3, 5, and 6 and if you are adding Telephone Redemption in Section 4. You may obtain a signature guarantee from an eligible guarantor which includes Commercial Banks, Trust Companies, and member firms of a domestic stock exchange. Please note that we cannot accept guarantees from Notary Publics.

**Please provide a signature guarantee for all account and bank owners below:**

### Mailing Instructions

Please mail this form to:

**Ameristock Funds  
PMB 613  
303 16th Street, Suite 016  
Denver, CO 80202-5657**

*Thank you for your investment in the Ameristock Funds!*

**ALPS Distributors, Inc., distributor.**

Please read the prospectus carefully before investing or sending money.