



Account Update Form

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:

Catholic Responsible Investments Funds
P.O. Box 588
Portland, ME 04112

or Overnight Delivery to:
Contact us at: (866) 348-6466

Catholic Responsible Investments Funds
C/O Apex 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**.

- 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.**

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 AND EXCHANGE 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. Please enable my account to have telephone exchange 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).

- Select One: Replace current instructions Add as additional account
 Select One: Checking Account Savings Account
 Select One: Add as ACH instructions Add as wiring instructions (your bank may charge a fee for this)

Name of Bank	ABA (Routing Number)	Account Number
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8. ASSET ALLOCATION

Asset allocation instructions allow you to place a purchase or redemption and have the funds automatically allocated or deducted based on a percentage from each of your funds. This allocation can be modified at any time or overridden based on verbal or written instructions. Please indicate how you would like your purchases and redemptions split between the funds. Each percentage group must equal 100%.

	Purchases	Redemptions		Purchases	Redemptions
Magnus 45/55 Fund	_____ %	_____ %	Magnus 60/40 Beta Plus Fund	_____ %	_____ %
Magnus 60/40 Alpha Plus Fund	_____ %	_____ %	Magnus 75/25 Fund	_____ %	_____ %
Ultra-Short Bond Fund	_____ %	_____ %	Short Duration Bond Fund	_____ %	_____ %
Opportunistic Bond Fund	_____ %	_____ %	Bond Fund	_____ %	_____ %
Equity Index Fund	_____ %	_____ %	Multi-Style US Equity Fund	_____ %	_____ %
International Equity Fund	_____ %	_____ %	Small-Cap Fund	_____ %	_____ %
International Small-Cap Fund	_____ %	_____ %			

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