

## Rebalance Form

Account Name					
Account Name					
Account Number					
Mailing Address	<del></del>	City		State	Zip Code
Telephone (Day)	Telephone (Evening)		E-		
2. REBALANCE FREQUENCY					
☐ Quarterly March, June, September, ☐ Semi-Annual June, December ☐ Annual December	, December				
3. ASSET ALLOCATION					
Asset allocation instructions allow you to design any time or overridden based on verbal or writter  Rebalance per preexisting allocations	· -		our allocations, please submit		
Magnus 45/55 Fund	%	Magnus 60/40 Beta Pl	us Fund %		
Magnus 60/40 Alpha Plus Fund	%	Magnus 75/25 Fund	%		
Ultra-Short Bond Fund	%	Short Duration Bond F	und %		
Opportunistic Bond Fund	%	Bond Fund	%		
Equity Index Fund	%	Multi-Style US Equity I	Fund %		
International Equity Fund	%	Small-Cap Fund	%		
International Small-Cap Fund	%				
4. AUTHORIZATION					
Ducianing below I haraby sytherize the CDI	Funds to Dahali	anna nrasands fram	my account as instructed a	a h a va	
By signing below, I hereby authorize the CRI	runus to neban	ance proceeds from	my account as instructed a	above.	
Signature of Account Owner		Date Signatu	re of Joint Account Owner		 Date

## 5. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Regular Address CRI Funds P.O. Box 588 Portland, ME 04112 Overnight Address
CRI Funds
c/o Apex Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

Contact us at: 1-866-348-6466 Fax Number: 1-207-347-2195