



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

BCM Focus Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

BCM Focus Funds
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212-3948

SECTION 1: MEDALLION SIGNATURE GUARANTEE

A Medallion Signature Guarantee is required under the following circumstances:

- Written request(s) to redeem \$50,000 or more
- Changes to a shareholder's record name (Completed W-9 form is also required)
- Sending redemption and/or distribution proceeds to any person, address or financial institution not on record
- Sending redemption and/or distribution proceeds to an account with a different registration (name or ownership) from your account
- Redemptions from an account for which the address or account registration have changed within the last 15 days
- Adding or changing ACH or wire instructions, telephone redemption options or any other election in connection with your account

Medallion Signature Guarantee Instructions

A Medallion Signature Guarantee may be obtained from any eligible institution as defined by the Securities and Exchange Commission (SEC). Examples of such institutions include banks, savings associations, credit unions, and brokerage firms; the institution must be a member of the Securities Transfer Association Medallion Signature Program (STAMP), The New York Exchange Signature Program (MSP), or the Stock Exchange Medallion Program (SEMP).

The Medallion Signature Guarantee stamp contains an alpha prefix and serial number. The alpha prefix identifies the restricted financial limit for your monetary request. You will want to make certain the institution guaranteeing the signature(s) on your form has an alpha prefix which will cover the request being made.

The stamp we receive MUST be an original; photocopies or fax copies are not accepted. The words "Medallion Signature Guarantee" must appear near each of the signatures guaranteed. The Guarantee must appear with the printed name, title and name of the guarantor institution. It must also be dated within 60 days of our receipt. PLEASE NOTE THAT A NOTARY SEAL IS NOT ACCEPTABLE.

SECTION 2: CURRENT ACCOUNT INFORMATION

Request will apply to the following account:

Name: _____ Taxpayer ID Number: _____

Residence Address: _____

City _____ State: _____ Zip Code: _____

Fund: _____ Account Number: _____

Please note that additional paperwork may be required for certain transactions. To verify what paperwork needs to be included with your request, please contact Shareholder Services at the number below.

SECTION 3: INSTRUCTIONS

If you are acting on behalf of an account owner who is deceased, you MUST include Date of Death ___ / ___ / ___

I, the undersigned, request the following action on my account:

SECTION 4: SIGNATURES

If you are not signing as an individual, you must state your title or capacity. Each person signing on behalf of an entity represents that his or her actions are authorized. A list of authorized signers dated within 60 days must be included with this request if you are acting on behalf of an entity.

Signature: _____ Date: _____ Tel: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____