

Tilson Mutual Funds

P.O. Box 8656, Denver, CO 80201 **Mail**
1290 Broadway, Suite 1100, Denver, CO 80203 **Overnight**
1-888-4TILSON (1-888-484-5766) **Phone** • 1-866-205-1499 **Fax**

TRANSACTION REQUEST FORM

Valid only for non-IRA accounts

SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner (if applicable)

Address of Residence

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your fund purchase?

Check (enclose with this form)

Wire

ACH

Fund Name

Amount

Tilson Focus Fund

\$ _____

Tilson Dividend Fund

\$ _____

Total Amount \$ _____

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

SECTION 3: Redemption Request

Redemptions will be made at the next determined price after your instructions are received in good order. Requests for redemptions on a specific date or at a specific price will not be honored.

How would you like your redemption proceeds sent to you?

Check (will be mailed to the address on record)

Wire

ACH

Fund Name

Amount

Tilson Focus Fund

\$ _____

Tilson Dividend Fund

\$ _____

Total Amount \$ _____

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

This form may not be used to elect a cost basis method or make changes to the cost basis method on your account. The cost basis of covered shares is determined using Average Cost, unless you have elected a different accounting method. To elect a different method, please complete a Cost Basis Election form or submit a letter of instruction. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

SECTION 4: Exchange Request

Exchanges will be made at the next determined price after your instructions are received in good order. Requests for exchanges on a specific date or at a specific price will not be honored.

Exchange FROM Fund Name

Amount

_____ \$ _____

Exchange INTO Fund Name

Amount

_____ \$ _____

