

## Account Maintenance Form

### Instructions

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ALL APPLICABLE SECTIONS MUST BE COMPLETE, ALONG WITH ANY REQUIRED SUPPLEMENTAL FORMS, FOR THIS FORM TO BE ACCEPTABLE AND VALID.

SECTIONS 1 AND 8 MUST BE COMPLETED FOR ALL REQUESTED CHANGES. ALL CLIENT SIGNATURES ARE REQUIRED. IF ANY CHANGES ARE MADE TO SECTIONS 6 OR 7 FOR CUSTODIAL HELD ACCOUNTS, CUSTODIAL AUTHORIZATION IS REQUIRED.

THIS FORM MAY BE USED TO MAKE THE FOLLOWING CHANGES:

<b>Section 2</b>	Change or correction of address of record. Advisor of record also can update an investor's address by calling Client Services at 844-224-4714.
<b>Section 3</b>	Legal name change. Valid photo I.D. such as a passport or driver's license must accompany this form.
<b>Section 4</b>	Add an alternate address where duplicate tax and/or statements may be sent.
<b>Section 5</b>	Change the Cost-Basis method of computation for covered shares.
<b>Section 6</b>	Change of distribution election. Custodial accounts require custodial authorization. If no fund selection is made in Section 5, changes will be applicable to all funds under the same registration.
<b>Section 7</b>	Update Broker-Dealer and/or Financial Advisor. Custodial accounts require custodial authorization.

#### RETURN TO

Triloma  
c/o DST Systems, Inc.  
P.O. Box 219756  
Kansas City, MO 64121-9756  
Triloma@DSTSystems.com

#### OVERNIGHT DELIVERY

Triloma  
c/o DST Systems, Inc.  
430 W. 7<sup>th</sup> Street  
Kansas City, MO 64105

#### CLIENT SERVICES

Toll free 844-224-4714  
Fax 855-338-0414

Processing time is approximately 3-5 business days once received in good order at our Transfer Agent, DST Systems, Inc.

# Account Maintenance Form

## 1. Investor Information

Owner/Beneficial Owner: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_  
(first, middle, last)

Joint Owner/Beneficial Owner: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_  
(first, middle, last)

Investor Account Number (can be found on quarterly statements): \_\_\_\_\_

### Apply Applicable Changes to:

All Triloma funds (If no selection is made, this is the default.)

Only to (list fund name(s)): \_\_\_\_\_

## 2. Change of Address

New Physical Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city/state)

\_\_\_\_\_  
(zip)

\_\_\_\_\_  
(phone)

New Mailing Address (if different than physical address): \_\_\_\_\_  
(street/P.O. Box)

\_\_\_\_\_  
(city/state)

\_\_\_\_\_  
(zip)

\_\_\_\_\_  
(phone)

## 3. Name Change

Valid photo I.D. such as a passport or driver's license must accompany this form.

Former Name (print): \_\_\_\_\_ New Name (print): \_\_\_\_\_  
(first, middle last) (first, middle last)

Former Signature: \_\_\_\_\_ New Signature: \_\_\_\_\_

## 4. Interested Party

Complete the information below to add an interested party to the investors address of record.

Mail a duplicate of all mailings to the additional address.

Mail a duplicate of only tax statements to the additional address.

Name: \_\_\_\_\_  
(first, middle, last)

Mailing Address: \_\_\_\_\_  
(street/P.O. box) (city/state) (zip)

**5. Change of Cost-Basis Method of Computation** (select one)

All funds distributed by Triloma Securities (the “Company”) have chosen the first-in, first-out (“FIFO”) method as the default method to calculate cost-basis for directly held (not in brokerage) non-qualified shares (“Covered Shares”). Complete this section to change the cost-basis election for Covered Shares. Investors should consult with their financial or tax advisor on the most appropriate method. If a shareholder elects to change the cost accounting method applicable to such shareholder’s account from “average cost” to another method, and the shareholder has previously elected to use the average cost methodology with respect to shares repurchased by the Company or otherwise transferred by the shareholder, all existing lots in his or her account will maintain the average cost-basis accounting method (including shares issued pursuant to the Company’s distribution reinvestment plan) may utilize the new cost basis methodology elected.

- FIFO**                       **Average Cost**                       **Last-in, First-out**                       **Specific Share Identification**

**6. Change of Distribution Instructions** (Custodial accounts require custodial authorization)

- I choose to participate in the Distribution Reinvestment Plan.  
Applicable Triloma funds require that each investor who elects to have his or her distributions reinvested in the respective fund’s Distribution Reinvestment Plan agree to notify the fund and their broker-dealer or registered investment advisor in writing any time there is a material change in his or her financial condition.
- I choose to have distributions mailed to me at my address of record.  
Cash distributions for custodial or brokerage accounts will be sent to the custodian of record.
- I choose to have distributions mailed to me at the following address:

\_\_\_\_\_ (street/P.O. Box) (city/state) (zip)

- I choose to have distributions electronically deposited in a checking account, saving account, individual retirement account (“IRA”), brokerage account or sent the custodian for the benefit of the investor.

I authorize the funds or their respective agents to deposit my distribution to the account indicated below. This authority will remain in force until I notify the funds in writing to cancel it. In the event that a fund deposits funds erroneously into my account, the fund is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that money and/or shares in my account may be subject to applicable abandoned property, escheat or similar laws, and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the funds, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to governmental authority pursuant to applicable abandoned property, escheat or similar laws. I acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the funds for investment. Any capital returned through distributions will be distributed after payment of fees and expenses, as well as any sales load.

Name of Financial Institution: \_\_\_\_\_ Account Type: \_\_\_\_\_  
 Address: \_\_\_\_\_ (street/P.O. Box) (city/state) (zip)  
 ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**7. Change of Broker-Dealer/Registered Investment Advisor (RIA)** (Custodial accounts require custodial authorization)

New Broker-Dealer/RIA Firm Name: \_\_\_\_\_  
 New Financial Advisor/Investor Representative Name: \_\_\_\_\_ (first, middle, last)  
 Mailing address: \_\_\_\_\_ (street/P.O. Box) (city/state) (zip)  
 Branch number: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Advisor number: \_\_\_\_\_ Email address: \_\_\_\_\_

The undersigned broker-dealer, financial advisor or registered investment advisor represents and warrants that he or she has reasonable grounds to believe that this investment is suitable for the investor. The broker-dealer, financial advisor or registered investment advisor further represents and certifies his or her adherence to all applicable policies and procedures under his or her firm’s existing Anti-Money Laundering Program and Customer Identification Program.

<p><b>Financial Representative Signature</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Date (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span></p>	<p><b>Principal Signature (if applicable)</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Date (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span></p>
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**8. Investor Authorization and Signatures** (Custodial accounts require custodial authorization)

The undersigned hereby authorizes and instructs Triloma Securities to implement the changes indicated on this form for the fund(s) indicated in Section 1 of this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the applicable fund. If the investor currently has direct deposit of distributions, the fund(s) shall continue to comply with the investor's existing instructions.

For investors electing to participate in the Distribution Reinvestment Plan of a fund, the undersigned warrants receipt of the current prospectus for the applicable fund(s) no later than five business days prior to the date set forth below. The undersigned also warrant that they meet the suitability requirements of the applicable fund(s) and of the individual's state, as applicable. A copy of the applicable fund's current prospectus may be obtained by contacting your financial advisor.

The undersigned acknowledges that he or she has a duty to promptly notify the fund(s) in writing if, at any time during which he or she is participating in the Distribution Reinvestment Plan of the fund(s), they cannot make the representations or warranties set forth in the original subscription agreement.

MY (OUR) SIGNATURES BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that information and distributions made and/or sent prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

<p>Owner or Authorized Person's Printed Name</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Joint Owner or Authorized Person's Printed Name</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Owner or Authorized Person's Signature</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Joint Owner or Authorized Person's Signature</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>

**Custodian Authorization/Medallion Stamp Guarantee**  
(Required for custodial accounts)

Date  
(mm/dd/yyyy)

**Original medallion stamp guarantee required only when the custodian is signing on behalf of the Investor/Trustee.**

**Return to:** Triloma c/o DST Systems Inc. | P.O. Box 219756 | Kansas City, MO 64121-9756 | Triloma@DSTSystems.com  
**Overnight delivery:** Triloma c/o DST Systems Inc. | 430 W. 7<sup>th</sup> Street | Kansas City, MO 64105  
**Toll free:** 844-224-4714 | **Fax:** 855-338-0414