

**SYSTEMATIC  
PURCHASE/WITHDRAWAL  
REQUEST FORM**



*This Systematic Purchase/Withdrawal Request Form is used to move money between your bank account and your mutual fund account via ACH on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-855-261-0104.*

**PART I: INVESTOR INFORMATION (\*Denotes Required Information)**

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)*	Apartment #	City*
State*	Zip Code*	
Mailing Address (if different from above)	City	State
Zip Code	Daytime Phone*	Evening Phone
Existing Account Number*		

**PART II: SYSTEMATIC INVESTMENT/WITHDRAWAL PROGRAMS**

Systematic Investment and Systematic Withdrawal allow you to move money between your bank account and your mutual fund account via ACH (Automated Clearing House) on a scheduled basis. Systematic Investment Program must be established with a \$100 minimum. Please refer to your prospectus for other account restrictions.

I AM INTERESTED IN SIGNING UP FOR:

- SYSTEMATIC INVESTMENT PROGRAM
- SYSTEMATIC WITHDRAWAL PROGRAM TO ADDRESS OF RECORD
- SYSTEMATIC WITHDRAWAL PROGRAM VIA ACH

I authorize the Meritage Funds to initiate investments into or withdrawals from my mutual fund account in each of the following months:

- Annually    Semi-Annually    Quarterly    Twice Each Month    Monthly    Other (Check months below)
- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Fund _____	Amount \$ _____	Day of Month (1 <sup>st</sup> , 15 <sup>th</sup> , etc.) _____
Fund _____	Amount \$ _____	Day of Month (1 <sup>st</sup> , 15 <sup>th</sup> , etc.) _____
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\*Redemption proceeds of fund shares purchased via ACH may not be available for a period of fifteen (15) calendar days. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part III.

**PART III: BANK ACCOUNT INFORMATION**

Bank Name \_\_\_\_\_

ABA number (if known) \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Please attach one voided check or deposit ticket.  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples to attach it.	\$ <input type="text"/> _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

**PART IV: SIGNATURE**

The completion of this section is *REQUIRED*.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Funds as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Funds; and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).**

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing in the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

**X**  
\_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
\_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
\_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
\_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**PART V: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

The completion of this section is *REQUIRED*.

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**\*Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Meritage Funds  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Meritage Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246