



ACCOUNT PRIVILEGES CHANGE FORM

This form may be used to change, add or delete transaction privileges. Please complete Section 1 and all other sections that apply. Please use separate forms for each social security number. If you have questions about this form, please contact our Shareholder Services Department at 1-877-420-4440.

Once completed please mail the form to **The Stewart Capital Mutual Funds, P.O. Box 2175, Milwaukee, WI 53201.**

1. FUND INFORMATION

The changes/additions/deletions detailed below apply to:

Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number
Account Registration	
Social Security/Tax Identification Number	

2. TELEPHONE REDEMPTION

A Medallion Signature Guarantee is required to add telephone redemption privileges. The telephone redemption option permits the redemption of a minimum of \$500 and a maximum of \$50,000.

Add Delete

2. AUTOMATIC INVESTMENT PLAN

A Medallion Signature Guarantee is required to add an Automatic Investment Plan. Minimum additions to any fund are \$100. Automatic investments can be made on the 5th, 10th, 20th and/or 25th of each month. This signed form must be received at least 10 days prior to the start date of the plan. Please enclose an unsigned voided check (for checking accounts) or a savings account deposit slip.

I would like to: Add Automatic Investment Plan Change Existing Automatic Investment Plan

Monthly Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov./ Mar., June, Sept., Dec.)

Semi-Annually (indicate month to start) Annually (indicate month)

5th \$ _____ 10th \$ _____ 20th \$ _____ 25th \$ _____

Begin investment on mm/yy _____

Your automatic investment will be withdrawn directly from your checking or savings account named in section 5 on the date you have selected or the first business day thereafter. You will be assessed a \$25.00 [A1]fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 20th of each month. **If you would like to change the amount or frequency of your existing automatic investment plan, you can also contact a shareholder services representative at 1-877-420-4440.**

3. SYSTEMATIC WITHDRAWAL PLAN

Minimum withdrawal for Systematic Withdrawal Plan is \$100.

I would like to: Add Systematic Withdrawal Plan Change Existing Systematic Withdrawal Plan

Monthly Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov./ Mar., June, Sept., Dec.)

Semi-Annually (indicate month to start) Annually (indicate month)

5th \$ _____ 10th \$ _____ 20th \$ _____ 25th \$ _____

Begin withdrawal on mm/yy _____

Payment Method (check one)

Check to Address of Record

Bank information currently on account

New Bank Information
(Please complete Section 4)

The Stewart Capital Mutual Funds Systematic Withdrawal Plan is available for any shareholder account valued at \$10,000 or more. If no time frame or dates are specified, the systematic withdrawal will be made monthly on the 20th of each month. By completing this form, you are appointing Stewart Capital Mutual Funds as your agent to redeem shares from your account and to make periodic payments. Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the date indicated above, or the next business day if it falls on a weekend or a holiday, and will be paid as specified in the prospectus.

4. BANK INFORMATION

A Medallion Signature Guarantee is required to add or change bank information on your account. Please complete Section 6.

Change

Add

Name(s) on Bank Account

Bank Name

Account Number

ABA#

Checking

Savings

Bank Address

Signature of Bank Account Owner

Signature of Joint Owner

To ensure proper crediting of your bank account, please attach a voided check or a deposit slip for the account shown above.

5. SIGNATURE(S) AND CERTIFICATION

I am (we are) of legal age, have received and read the Prospectus of the Fund to which this Change Form applies and agree to the terms therein. I (we) authorize the Fund and its agents to act upon instructions (by phone, in writing, or other means) believed to be genuine and in accordance with procedures described in the Prospectus for the account(s) to which this Change Form applies or any account into which exchanges are made. I (we) agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

Signature of Individual, Trustee, Custodian

Date

Signature of Joint Owner, Co-Trustee(s), Partner(s), Other

Date

Signature of Joint Owner, Co-Trustee(s), Partner(s), Other

Date

6. MEDALLION SIGNATURE GUARANTEE

A Medallion Signature Guarantee stamp may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or other eligible guarantor institution who participates in the Securities Transfer Association Medallion Program. A notarization from a notary public is not acceptable.

Medallion Signature Guarantee