COOK & BYNUM

Account Options Form

Regular or Overnight Mail: The Cook & Bynum Fund
c/o Commonwealth Fund Services
8730 Stony Point Parkway Suite 205
Richmond, VA 23235

For additional information please call toll-free 877-839-2629 or visit us on the web at www.cookandbynum.com

IMPORTANT: This form is used to make changes to your existing account(s). Please read The Cook & Bynum Fund prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

1 Account Information | If address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same".

❑ **If this box is checked, I/we give The Cook & Bynum Fund authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.**

OWNER NAME / TRUST / CORPORATION / OTHER ENTITY | *SOCIAL SECURITY / TAX ID NUMBER* | *PHONE NUMBER*

STREET ADDRESS | *CITY / STATE / ZIP*

JOINT OWNER NAME / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER | *SOCIAL SECURITY / TAX ID NUMBER* | *PHONE NUMBER*

STREET ADDRESS | *CITY / STATE / ZIP*

JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER | *SOCIAL SECURITY / TAX ID NUMBER* | *PHONE NUMBER*

STREET ADDRESS | *CITY / STATE / ZIP*

JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER | *SOCIAL SECURITY / TAX ID NUMBER* | *PHONE NUMBER*

STREET ADDRESS | *CITY / STATE / ZIP*

2 Type of Change | Check all that apply

❑ **Telephone Options** - complete Sections 3, 4 (if applicable) & 7
❑ **Bank Information** - complete Sections 4 & 7
❑ **Capital Gains & Dividend Options** - complete Sections 4 (if applicable) & 5

3 Telephone Options | Check option(s) to establish

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

❑ **Telephone Purchase via ACH***

❑ **Telephone Redemption By*: ❑ Wire ❑ ACH ❑ Check to Address of Record**

A signature guarantee stamp may be required to establish options per the Fund's prospectus.
Refer to your Fund's prospectus for information relating to fees for proceeds sent by federal wire.

4 Bank Information* | Check appropriate action

❑ **Add Bank Information (attach voided check)**

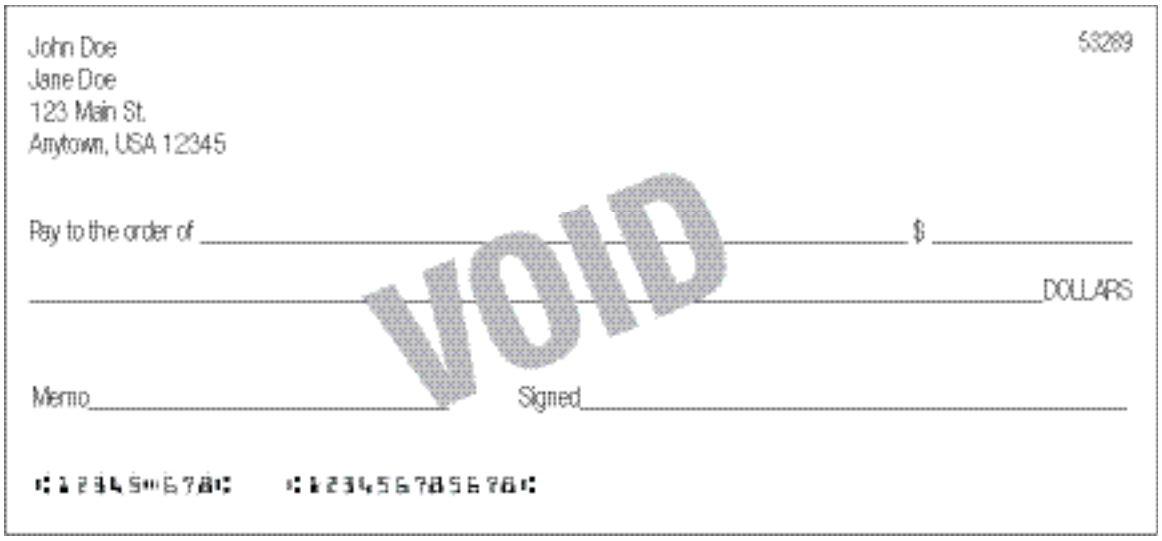
❑ **Change or Remove Existing Bank Information (attach voided check)**

❑ **My existing bank information is no longer valid as of_____.**

Note: Your bank information will be removed if no date is specified.

Please attach a voided check or pre-printed desposit slip. ❑ Checking ❑ Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.



Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

5 Capital Gains & Dividend Options

Cash distribution should be paid by (select one):
❑ Check to Address of Record ❑ ACH to Bank of Record*

		Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
FUND NUMBER	*ACCOUNT NUMBER*	❑	❑	❑	❑
FUND NUMBER	*ACCOUNT NUMBER*	❑	❑	❑	❑
FUND NUMBER	*ACCOUNT NUMBER*	❑	❑	❑	❑

***If you choose the option to have distributions sent via* ACH to bank of record, *please confirm whether you currently have valid bank information on record. If adding or changing bank information,* please complete Section 4 and attach a voided check.**

6 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow up to 7 business days after receipt of this form before your AIP will be effective.

Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a $25 fee will be assessed on your account. The AIP will be terminated after two such consecutive occurrences.

FUND & ACCOUNT NUMBER **Purchase with:** Bank Account

AIP START DATE (MONTH/YEAR) *DAY(S) OF THE MONTH* **$** *DOLLAR AMOUNT*

NOTE: ***The AIP will make its first purchase on the date requested or first business day after.***
Frequency: Monthly

B Update Existing AIP

Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction.
If you are changing your bank information please indicate the last date you would like your current AIP to run:
❑ Stop Immediately ❑ Specific Date_____ (Note: Your AIP will be stopped immediately if no date is specified)

FUND & ACCOUNT NUMBER **Purchase with:** Bank Account

AIP START DATE (MONTH/YEAR) *DAY(S) OF THE MONTH* **$** *DOLLAR AMOUNT*

NOTE: ***The AIP will make its first purchase on the date requested or first business day after.***
Please complete section 4 if new bank information is being used for the Automatic Investment Plan.

7 Signature(s)

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through UMB, N.A., on behalf of the Fund. Commonwealth Fund Services and the Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold Commonwealth Fund Services and the Fund harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result due to information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	*DATE (MM/DD/YYYY)*
X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	*DATE (MM/DD/YYYY)*
X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	*DATE (MM/DD/YYYY)*
X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	*DATE (MM/DD/YYYY)*

NOTE: If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustee(s) must sign, or (4) a corporation or other entity, an officers(s) must sign.

AUTHORIZED SIGNATURE GUARANTEE STAMP	*DATE (MM/DD/YYYY)*

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

For additional information please call toll-free 877-839-COBY (2629) or visit us on the web at www.cookandbynum.com/cobyx.