



# Account Options Form

Mail to: Greenspring Fund  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Greenspring Fund  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free 1-800-576-7498 or visit us on the web at [www.greenspringfund.com](http://www.greenspringfund.com).

**IMPORTANT:** This form is used to make changes to your existing Greenspring Fund (the "Fund") account(s). Please read the Fund's prospectus for more information about requirements and procedures for account options. Some options on this form may not be available for your account type.

**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 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.

Greenspring Fund Account Number(s) \_\_\_\_\_

Name of Taxable Owner \_\_\_\_\_

FULL NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY  
STREET ADDRESS CITY / STATE / ZIP  
SOCIAL SECURITY NUMBER / TAX ID NUMBER PHONE NUMBER

Name of Joint Owner,  
Trustee, Custodian, or  
Authorized Signer \_\_\_\_\_

FULL NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY  
STREET ADDRESS CITY / STATE / ZIP  
SOCIAL SECURITY NUMBER / TAX ID NUMBER PHONE NUMBER

Name of Joint Owner,  
Trustee, Custodian, or  
Authorized Signer \_\_\_\_\_

FULL NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY  
STREET ADDRESS CITY / STATE / ZIP  
SOCIAL SECURITY NUMBER / TAX ID NUMBER PHONE NUMBER

**1. Type of Change**  
(Check all that apply)

- Telephone Options – complete sections 2, 3 (if applicable) and 7
- Bank Information – complete sections 3 and 7
- Capital Gains & Dividend Options – complete section 3 (if applicable), 5, and 7
- Systematic Options – complete section 3 (if applicable), 4, 6, and 7

**2. Telephone Options**

NOTE: You must complete section 3 if your selected option requires bank information.

- Telephone Purchase via Automated Clearing House (ACH)
- Telephone Redemption to Bank (ACH or wire)
- Telephone Redemption via Check to Address of Record (no bank)

*A signature guarantee is required when establishing or changing bank instructions.*

### 3. Bank Information

(Check appropriate action)

If you have selected an automatic investment plan, wire redemptions, telephone purchases, redemptions or a systematic withdrawal plan, please attach a voided check or savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH  
PRE-PRINTED, VOIDED CHECK  
OR PRE-PRINTED DEPOSIT SLIP  
HERE

TYPE OF ACCOUNT:  Checking Account  Savings Account

- Add bank information (attach pre-printed, voided check or pre-printed deposit slip.)
- Change my existing bank instructions to match the information on the attached slip.
- Check this box if previous bank information (if any) should be deleted.

**Adding or changing bank instructions requires a signature guarantee.** All owners of the bank account must sign this form and have their signatures guaranteed. If adding bank information belonging to someone other than the account owner(s), the bank account owner(s) must sign in section 8 and obtain a signature guarantee.

### 4. Automatic Investment Plan

(Check appropriate action)

Your signed application must be received at least 15 business days prior to initial transaction.

Our Automatic Investment Plan ("AIP") will automatically transfer funds (\$100 minimum) from your bank account. Please attach a pre-printed, voided check or pre-printed deposit slip to section 3 of this form. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

- Add new AIP
- Update existing AIP

Frequency:  Bi-Monthly  Monthly  Quarterly  Semi-Annually

Amount per Draw

AIP Start Month

AIP Start Day

\$ \_\_\_\_\_

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

### 5. Dividend and Capital Gain Options

*This section is not applicable for IRAs.*

I wish my DIVIDEND distributions, if any, to be

- Reinvested in additional shares
- Sent in cash by check to the address of record on the account
- Sent in cash by ACH to my bank\*

I wish my CAPITAL GAINS distributions, if any, to be

- Reinvested in additional shares
- Sent in cash by check to the address of record on the account
- Sent in cash by ACH to my bank\*

*\*If you selected this option, please attach a pre-printed, voided check or pre-printed deposit slip to Section 3 of this form. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through ("for further credit") account. A signature guarantee is required when establishing or changing bank instructions for cash dividend/capital gains options.*

**6. Systematic Withdrawal Plan**  
(Check appropriate action)

*This section is not available to IRAs.*

Your signed application must be received at least 15 business days prior to initial transaction.

Our Systematic Withdrawal Plan ("SWP") permits the automatic withdrawal of funds on a periodic basis. Each draw must be at least \$100, and your account value must be at least \$10,000 to start the Plan.

- Add new SWP
- Update existing SWP
- Payments will be mailed by check to the account's address of record.
- Payments will be deposited directly into your bank account via ACH. Please complete section 3 of this form. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Frequency:  Monthly  Quarterly  Annually

Amount per Withdrawal	SWP Start Month	SWP Start Day
\$ _____	_____	_____

**7. Signature(s) and Signature Guarantee**

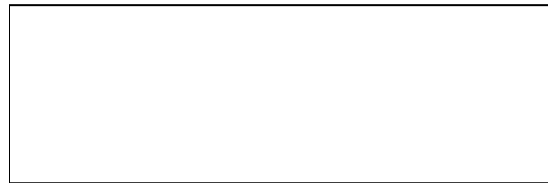
I have received and understand the prospectus for Greenspring Fund. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Greenspring Fund") 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 U.S. Bank, NA, on behalf of the applicable Fund. Greenspring 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. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

I certify all information in the Account Options Form is accurate and agree to hold U.S. Bank Global Fund Services 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 in information I have provided and/or 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.

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
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\*If shares are registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.



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, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

**8. Bank Account Owner Signature(s) and Signature Guarantee** (see section 3)

If all the bank information in section 3 does not list a registered account owner, trustee, or authorized signer as a bank account owner, **ALL** bank account owners must sign below and obtain a signature guarantee.

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER



SIGNATURE GUARANTEE STAMP

\_\_\_\_\_  
DATE (MM/DD/YYYY)