

ACCOUNT OPTIONS FORM

more than two beneficiaries are designated, please continue on a separate sheet.

Complete all information requested to designate new/additional beneficiaries.

 \Box Contingent

☐ Primary

SECTION 1: Account Information				
Account Number				
Owner's Name (Last, First, Middle Initial)				
Owner's Social Security Number	Date of Birth (MM/DD/YY)			
Joint Owner's Name (Last, First, Middle Initial) (if applicable)				
Joint Owner's Social Security Number	Date of Birth (MM/DD/YY)			
☐ Check here if new address				
Address of Residence (Required) - P.O. Box not accepted	City, State, Zip Code			
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip Code			
() () Day Phone Evening Phone				
□ Check here if new phone number				
E-mail Address				
☐ Check here if new e-mail address				
SECTION 2: Name Change Instructions				
Please Provide:				
Account Number				
Please indicate your former name and what your new name has changed to.				
Trease indicate your former finance and what your few finance has ordinged to.				
Former Name				
One and the same as:				
New Name				
If your name is different from what is currently shown on your account, your sign	nature must be guaranteed in Section 9.			
SECTION 3: Transfer on Death				
TOD status is only for Regular Accounts (non-IRAs)				
Benefits will be paid only to those beneficiaries living at the time of your death.	If percentages are not indicated, or do not total 100%, benefits will be paid in			

Beneficiary's Name (Last, First, Middle Initial) Beneficiary's Social Security Number Date of Birth (MM/DD/YY) Address of Residence (Required) - P.O. Box not accepted City, State, Zip Code Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Code Day Phone **Evening Phone** E-mail Address Relationship Percentage □ Primary □ Contingent Beneficiary's Name (Last, First, Middle Initial) Date of Birth (MM/DD/YY) Beneficiary's Social Security Number Address of Residence (Required) - P.O. Box not accepted City, State, Zip Code Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Code Day Phone **Evening Phone** E-mail Address Percentage Relationship **SECTION 4: Automatic Investment Plan** An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis. Please complete this section if you would like to: ■ Establish ☐ Modify or ☐ Discontinue an automatic investment plan There is a \$100 requirement per term per fund. **Fund Name Fund Number** Ticker **Amount** % Percent \$ % % % **Total** 100 How often would you like automatic investments? Monthly Quarterly Annually On or about which date? (e.g., 2nd, 15th) If no date is specified, investments will be made on the 15th of each month. ■ Please provide bank information in Section 8, if applicable. ■ Please Note:

SECTION 3: Transfer on Death (continued)

• For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which

Attach a separate letter of instruction if the bank account holder is different than the Index Funds account holder.

A signature guarantee is required if shares are redeemed within days of adding or changing bank information.

• The minimum automatic investment is \$100.

shares are purchased.

SECTION 5: Systematic Withdrawal Plan A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \$25,000 is required. Please complete this section if you would like to: ■ Establish ■ Modify or ☐ Discontinue a systematic withdrawal plan. There is a \$100 requirement per term per fund. **Fund Name Fund Number Ticker Amount** Percent % % \$ \$ % \$ % % % Total 100 How often would you like automatic withdrawals? ■ Monthly Quarterly Annually On or about which date? (e.g., 2nd, 15th) _ If no date is specified, investments will be made on the 15th of each month. Money is to be sent by: ☐ ACH ☐ Check or ☐ Cross-Invest Fund Account Number _ Please provide bank information in Section 8. Please note, the cost basis method on your account will be used for redemptions. **SECTION 6: Distribution Options** Please complete this section if you would like to change your current distribution option. Dividend distribution: Cash ■ Reinvest Capital Gains distribution: ☐ Cash □ Reinvest ☐ Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 8 if you do not have bank information listed on your account. SECTION 7: Telephone & Online Privileges Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.Index.World. Telephone privileges: □ Add □ Remove □ Add Online privileges: ☐ Remove Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 8 if you do not have bank information listed on your account. **SECTION 8: Bank Information** Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/ online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account. □ I would like to add bank information to this account to authorize purchase and redemptions via: □ ACH transfer and/or □ Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.Index.World.

□ I would like to modify my current bank information on this account for purchases and redemptions via: □ ACH and/or □ Wire transfer.

☐ I would like to remove bank information on this account for purchases and redemptions via: ☐ ACH and/or ☐ Wire transfer.

SECTION 8: Bank I	nformation (co	ntinued)		
Account type:	☐ Checking	□ Savings		
Name on Bank Account			Bank Name	
ABA Routing Number (Fi	rst 9 digits at the bo	ottom of the check or o	deposit slip)	
Bank Account Number (Second set of nur	nbers at the bottom	of check or deposit slip)	
Please attach a voided	check or savings	deposit slip from th	e specified bank account.	
held accountable for any	loss, liability, or e	expense for acting up		d. I further agree that the Index Funds will not be uthorization may be terminated by me at any time Is has had reasonable time to act upon it.
SECTION 9: Signato	ures			
I authorize the Index Fun	ds to make the c	hanges indicated to	my account.	
exchanges are made. I a	gree that neither t	the Index Funds nor i		enuine for this account or any account into which s, cost, or expense for acting on such instructions,
ALL owners of this acco	ount must sign be	low:		
Signature			Date (MM/DD/YY)	
Signature (if applicable)			Date (MM/DD/YY)	
SECTION 10: Signa	ture Guarantee	(If Required)		
A signature guarantee is instructions other than t		-	ys of changing bank information or address, ir	n addition to sending wires, ACHs and checks to
Guarantee stamp MUST	include the word	s "Signature Guaran	, ,	any "eligible" guarantor. The Medallion Signature the Medallion program requirements. Signatures
notarized by a Notary Pu	blic are not accep	table.		
() () () () () () () () () ()		a domestic stock exc s Exchange & Saving	change ss (STAMP, SEMP, NYSE-MSP participation)	
Medallion Signature Gua	arantee Stamp (II) Required)	Bank or Dealer Firm	
Officer's Title			Officer's Signature	Date (MM/DD/YY)
			[STAMP]	
Please mail completed	form to:			

Mailing Address Overnight Address Index Funds Index Funds P.O. Box 1920

1290 Broadway, Suite 1100

Denver, CO 80201 Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-844-GO-INDEX (464-6339) or visit www.Index.World.