



Shareholder Services: (800) 437-1000
Hours: Monday - Friday 8:00 AM to 4:30 PM ET

Account Maintenance Form

Use this form to establish, update, or discontinue certain account options on an existing Aquila Group of Funds (the "Funds" or "AGOF") account. Please check the appropriate box(es) below, complete section 1, and the applicable section(s) that follow. If you are providing banking instructions below, a medallion signature guarantee is required. For assistance in completing this form, please contact us at 1-800-437-1000 Monday through Friday between 8:00 am ET and 4:30 pm ET.

Please mail completed form to:

Regular mail:
Aquila Group of Funds
P.O. Box 9823
Providence, RI 02940-8023

Overnight mail:
Aquila Group of Funds
4400 Computer Drive
Westborough, MA 01581-1722

MAINTENANCE REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Change of Address or Telephone Number (section 2)
<input type="checkbox"/> Dividend and Capital Gain Options (section 3)
<input type="checkbox"/> Telephone and Internet Privileges (section 4) | <input type="checkbox"/> Systematic Withdrawal Plan (section 5)
<input type="checkbox"/> Automatic Investment Plan (section 6)
<input type="checkbox"/> Banking and Wire Instructions (section 7) |
|--|---|

Please note that you can make most of the above updates online by logging into your AGOF account on our [website](#).

1. CURRENT ACCOUNT INFORMATION (REQUIRED)

Account Number(s):	
Account Owner Name(s) / Entity Name:	
Last 4 Digits of Social Security / Tax Identification Number:	Email Address:
Cell Phone Number:	Alternate Phone Number:

2. CHANGE OF ADDRESS OR TELEPHONE NUMBER

Please note an address change will place a 30-day hold on any redemption request by check to the new address. For the account(s) referenced above please check all that apply:

- New Address
 New Telephone Number

New Account Mailing Address:		
City	State	Zip
New Cell Phone Number:	New Alternate Phone Number:	

3. CHANGE DIVIDEND AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

The following elections will apply to all funds under your non-IRA account(s):

All **dividends** will be paid by:

- Check mailed to the address on the account
- ACH to bank account on file (if updating bank instructions, we may send you a check until new bank instructions are verified)
- Reinvestment

All **capital gains** will be paid by:

- Check mailed to the address on the account
- ACH to bank account on file (if updating bank instructions, we may send you a check until new bank instructions are verified)
- Reinvestment

4. TELEPHONE AND INTERNET PRIVILEGES

I/we authorize and direct the Funds and its agents to accept and act upon instructions received by telephone from me (us) for purchases, exchanges, and/or redemptions involving this account(s). Telephone purchases are permitted, where applicable, on accounts with banking information already on file. Where applicable and permitted the options selected below will also apply to internet privileges. AGOF currently permits only exchange transactions online, but may offer additional functionality in the future. If banking information is not currently on file, please complete section 7 below.

- I would like to establish or reinstate exchange and redemption privileges.
- I would like to remove exchange and redemption privileges.

5. SYSTEMATIC WITHDRAWAL PLAN (NON-RETIREMENT ACCOUNTS*)

Complete the below to establish, change, or discontinue a systematic withdrawal plan.

- Establish Change Existing Discontinue

Fund Name/Class _____ Fund Number _____

Please Note: Minimum account balance of \$5,000 per account is required. \$50 withdrawal minimum per account.

A. Frequency:

- Monthly Quarterly Semi-Annually Annually

Start date _____ (If blank, the 16th of the month will be selected as the withdrawal date. If the selected date falls on a weekend or holiday, your systematic withdrawal will generally take place on the preceding business day.)

B. Amount:

- Fixed dollar amount \$ _____ Percentage of current account balance _____%

C. Payment Method:

- Check sent to the address of record (on the account)
- ACH to my bank account on file (if updating bank instructions, we may send you a check until new bank instructions are verified)

*Retirement account shareholders: Systematic Withdrawal Plans can be established or updated using the [IRA - Distribution Form](#) or updated using the [IRA - Required Minimum Distribution Form](#), as applicable, which can be accessed on aquilafunds.com.

6. AUTOMATIC INVESTMENT PLAN

Complete the below to establish, change, or discontinue an automatic investment plan.

Establish Change Existing Discontinue

Please Note: \$50 minimum per fund is required. A pre-printed voided check must be attached.

A. Frequency:

Monthly Bi-monthly Quarterly

Start date _____ (If blank, the 16th of the month will be selected as the investment date. If the selected date falls on a weekend or holiday, your automatic investment will take place on the next available business day.)

B. Recurring Investment Amount:

Fund Name/Class _____	Fund Number _____	\$ _____ (minimum \$50)
Fund Name/Class _____	Fund Number _____	\$ _____ (minimum \$50)
Fund Name/Class _____	Fund Number _____	\$ _____ (minimum \$50)

7. BANKING AND WIRE INSTRUCTIONS - Medallion Signature Guarantee Required

Having banking instructions on your account allows you to transfer funds electronically between your bank account and your AGOF account(s). Your bank must be a member of the Automated Clearing House (ACH) and Federal Reserve in order for you to use this feature. ***If you provide banking information below, this will replace any banking information currently on file.***

Bank Name: _____

Bank Office (if applicable) _____

Bank Street Address (no P.O. Box) _____

City _____ State _____ Zip Code _____

Bank Account Registration Name(s) _____

Bank Transit / ABA Routing Number _____ Bank Account Number _____

Checking account – I/we have attached a voided check or other document with valid ACH instructions **(required)**

Savings account – I/we have attached a voided deposit slip or other document with valid ACH instructions **(required)**

Please note that you can add new banking instructions online by logging into your AGOF account on our [website](#).

8. SHAREHOLDER AUTHORIZATION/SIGNATURE(S) (REQUIRED)

By signing this form, I/we authorize the Funds, its affiliates, and its agents to act on any instructions believed to be genuine for any service authorized on this request. I/we agree they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each fund's current prospectus. If you need a medallion signature guarantee, you must sign in the presence of the banker or broker (see section 9). All registered owners of the account must sign below.

I/we acknowledge that in connection with an automatic investment plan or other purchases, if my/our account at the financial institution has insufficient funds, the Funds and its agents may cancel the purchase transaction and are authorized to liquidate other shares or fractions thereof held in my/our AGOF account to make up any deficiency resulting from any decline in the net asset value of shares so purchased and any dividends paid on those shares. I/we authorize the Funds and its agents to correct any transfer error by a debit or credit to my/our financial institution account and/or AGOF account and to charge the account for any related charges. I/we acknowledge that shares purchased either through an automatic investment plan or telephone purchase is/are subject to applicable sales charges.

The Funds, Aquila Distributors LLC and their trustees, directors, employees and agents will not be liable for acting upon instructions believed to be genuine, and will not be responsible for any losses resulting from unauthorized transactions if the Fund or its agents follow reasonable procedures designed to verify the identity of the requestor. Shareholders should verify the accuracy of transaction confirmations and account statements immediately upon receipt.

Registered Owner's Signature:

Date:

Joint Owner's Signature (if applicable):

Date:

Corporate Officer, Partner, Trustee, etc. (if applicable):

Date:

If you have provided banking information above, to protect you and the Funds against fraud, your signature(s) must be guaranteed with a medallion signature guarantee by any "eligible" financial institution. Eligible financial institutions include commercial banks, trust companies, saving associates and credit unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they participate in the medallion signature guarantee.

A notary public cannot provide a medallion signature guarantee. The Funds may accept other forms of signature guarantees in limited circumstances.

Financial Institution: If required, place medallion signature guarantee stamp here.

Financial Institution: If required, place medallion signature guarantee stamp here.

Please be advised:

- You may cancel any feature at any time by contacting us at (800) 437-1000 or in writing. Please allow time for delivery by mail and processing.
- The Funds reserve the right to cancel any feature without prior notice, if in its judgement, your use of any feature results in unusual effort or difficulty administering your account.
- The Funds reserve the right to alter, amend, or terminate any or all features or to charge a service fee upon 30 days' written notice to shareholders, unless additional notice is specifically required by terms of the prospectus.
- When adding banking information, one name on the AGOF account registration must match one name on the bank account.
- If a medallion signature guarantee is required to process your request, please review the following:
 - A notary public cannot provide a medallion signature guarantee.
 - If more than one signature is required, each signature must have its own signature guarantee stamp.
 - A photocopy of a medallion signature guarantee stamp is not acceptable.