



Shareholder Services: (800) 437-1000
Hours: Monday - Friday 8:00 AM to 6:00 PM ET

TRUSTED CONTACT DESIGNATION FORM

This form may be used to add, change, or remove a trusted contact to your Aquila Group of Funds' (AGOF) account.

Important information regarding trusted contacts: Designating a trusted contact is not required and does not authorize the named individual to transact or make changes to your account. The designation does authorize AGOF to communicate with the trusted contact regarding the account. Only one trusted contact is permitted per account.

I understand it is my responsibility to maintain accurate address and contact info on my account(s) at all times. I acknowledge that it is recommended that I periodically (once per calendar year) access my account(s) either electronically, by phone, or otherwise contact AGOF to keep the account(s) active. I understand that AGOF may utilize my trusted contact info at their discretion for the purposes outlined above, but is under no obligation to do so.

SECTION 1: ACCOUNT INFORMATION

Account Number(s):

Account Owner / Entity Name:

Last 4 Digits Of Social Security / Tax Identification Number:

Cell Phone Number:

Alternate Phone Number:

Email Address:

SECTION 2: TRUSTED CONTACT INFORMATION

I authorize AGOF to contact the individual listed below and disclose information about me in certain circumstances (e.g., to prevent the presumption of abandonment, to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney or as otherwise permitted by federal or state law). Any information provided on this form will replace information currently on file. **Your trusted contact should not be a joint account owner or the financial advisor on your AGOF account.**

Please select one and complete the box on the next page:

- Add the following trusted contact to my AGOF account.
- Change the current trusted contact on my AGOF account to the below individual.
- Remove the current trusted contact from my AGOF account.



SECTION 2: TRUSTED CONTACT INFORMATION CONTINUED

First Name of Trusted Contact: _____ Middle Initial: _____ Last Name: _____

Mailing Address (including apartment or P.O. Box number): _____

Relationship to Shareholder: _____ Email Address: _____

Cell Phone Number: _____ Alternate Phone Number: _____

SECTION 3: SIGNATURES

By signing this form, I authorize and direct AGOF to maintain the account referenced above in accordance with instructions outlined above. All owners listed in the account registration must sign below.

Signature (Required) _____ Date: _____

Signature #2 (If applicable): _____ Date: _____

If you have any questions or need assistance completing this form, please call AGOF Shareholder Services at (800) 437-1000, Monday through Friday, between 8:00 AM and 6:00 PM ET.

Please mail completed form to:

Regular mail:
Aquila Group of Funds
P.O. Box 534428
Pittsburgh, PA 15253-4428

Overnight mail:
Aquila Group of Funds
Attention: 534428
500 Ross Street, 154-0520
Pittsburgh, PA 15262