

### 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 (if applicable)

Address of Residence - P.O. Box is 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

### SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your fund purchase?

Check (enclose with this form)

ACH

If an IRA/Roth, please provide contribution year.

For the year: \_\_\_\_\_

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

**Please Note:** Bank information must be on file prior to the request for purchase or redemption. If you choose to, please complete Section 3. If no tax year is indicated, contribution is posted for the tax year it is received.

### SECTION 3: Update or Add Bank Instructions

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

I would like to **add** bank information to this account to authorize purchase.

I would like to **modify** my current bank information on this account.

Account type:

Checking

Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

**SECTION 3: Update or Add Bank Instructions (continued)**

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a signature guarantee. Please see Section 7.

I authorize the Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Fund will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Fund. The termination request will be effective as soon as the Fund has had reasonable time to act upon it.

**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 minimum requirement per term per fund.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
			\$			%
			\$			%
			\$			%
			\$			%
<b>Total</b>			<b>\$</b>		<b>100</b>	<b>%</b>

How often would you like automatic investments?

- Monthly      Quarterly      Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

- Please provide bank information in Section 6, if applicable.
- Please Note:
  - For IRA accounts, contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.

**SECTION 5: Custodian Information**

Please list the custodian's information below. If you do not have a custodian, a default fund custodian will be assigned. Please note custodians may require additional account opening documentation. Please contact the Fund with any questions.

Please list the Custodian information for your account:

Custodian Name \_\_\_\_\_

Custodian Address \_\_\_\_\_

Custodian Tax ID \_\_\_\_\_

Please select the type of the Qualified Account you would like to set up below:

**Traditional IRA**

- Regular/Annual Contribution \_\_\_\_\_ Year
- Transfer (also complete transfer/rollover form)
- Rollover (from eligible retirement plan) (also complete transfer/rollover form)
- Recharacterization
- SEP IRA
  - Employer Contribution
  - Employee Contribution \_\_\_\_\_ Year

**Roth IRA**

- Regular/Annual Contribution \_\_\_\_\_ Year
- Transfer (from Roth IRA) (also complete transfer/rollover form)
- Rollover (from eligible retirement plan) (also complete transfer/rollover form)
- Conversion
- Recharacterization
- Other\* \_\_\_\_\_

\* Please note the Fund's default custodian, only offers IRA's types listed above.

**Inherited IRA**

- Traditional IRA
- Roth IRA
- SEP IRA
- Transfer (from an existing Beneficiary Traditional/Roth IRA) (also complete Transfer/Rollover Form)

**SECTION 6: Signatures**

I authorize Resource Credit Income Fund to make the changes indicated to my account.

I authorize Resource Credit Income Fund, and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Fund nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

**ALL owners of this account must sign below:**

Signature

Date (MM/DD/YY)

**SECTION 7: Signature Guarantee**

A signature guarantee is required for adding or changing bank information.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
  - Savings Associations
  - Trust Companies

Medallion Signature Guarantee Stamp (ID Required)

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

**Please mail completed form to:**

**Mailing Address**

**Sierra Crest**

c/o DST Systems, Inc  
PO Box 219246  
Kansas City, MO 64121

**Overnight Address**

**Sierra Crest**

c/o DST Systems, Inc.  
430 W. 7th St. Kansas  
City, MO 64105

**By Wire**

**Resource Credit Income Fund**

ABA #: 011000028  
DDA #: 99000960

**or Fax to 833-705-0317**

If you have any questions, please contact an Investor Service Representative at **1-833-404-4103**.

