

Letter of Instruction Form

Regular Mail: Thompson IM Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 Overnight Delivery: Thompson IM Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

Account Information		
NAME OF TAXABLE OWNER / TRUST/ ENTITY		SSN OR TIN OF TAXABLE PARTY
NAME OF JOINT OWNER / CUSTODIAN / GUARDIAN / TRU	ISTEE / AUTHORIZED SIGNER	
NAME OF JOINT OWNER / CUSTODIAN / GUARDIAN / TRU	ISTEE / AUTHORIZED SIGNER	
MUTUAL FUND FAMILY NAME		
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
ACCOUNT NOWIDER	ACCOUNT NOMBER	ACCOUNT NOWIDEN

Detailed Instructions

I/We, the undersigned, request the following:

Signature & Certification

		, credit union, a member firm of a domesti ution. A notary public is NOT an acceptabl
GNATURE	CAPACITY	DATE (MM/DD/YYYY)
	CAPACITY	DATE (MM/DD/YYYY)
the c	locumentation required t	ct your financial institution to verify to obtain a signature guarantee for
	GNATURE Note the d	GNATURE CAPACITY CAPACITY Note: We suggest you contain

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