



Letter of Instruction Form

Regular Mail: Thompson IM Funds
c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

Overnight Delivery: Thompson IM Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

1 Account Information

NAME OF TAXABLE OWNER / TRUST/ ENTITY

SSN OR TIN OF TAXABLE PARTY

PHONE NUMBER

NAME OF JOINT OWNER / CUSTODIAN / GUARDIAN / TRUSTEE / AUTHORIZED SIGNER

NAME OF JOINT OWNER / CUSTODIAN / GUARDIAN / TRUSTEE / AUTHORIZED SIGNER

MUTUAL FUND FAMILY NAME

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

2 Detailed Instructions

I/We, the undersigned, request the following:

2 Detailed Instructions | continued

I/We, the undersigned, request the following:

3 Signature & Certification

PRINTED NAME OF OWNER / CUSTODIAN / GUARDIAN / TRUSTEE / AUTHORIZED SIGNER

SIGNATURE OF OWNER / CUSTODIAN / GUARDIAN / TRUSTEE / AUTHORIZED SIGNER

CAPACITY

DATE (MM/DD/YYYY)

PRINTED NAME OF JOINT OWNER / TRUSTEE / AUTHORIZED SIGNER

SIGNATURE OF JOINT OWNER / TRUSTEE / AUTHORIZED SIGNER

CAPACITY

DATE (MM/DD/YYYY)

4 Signature Guarantee (If Required)

A signature guarantee may be required depending on your request.

Your signature must be guaranteed if you are requesting any of the following:

- A distribution greater than the signature guarantee threshold per the Fund's prospectus.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 30 days per the Fund's prospectus.
- A distribution made payable to a third party.
- A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account)

***Note:** If required, the signatures must be guaranteed or validated by a bank, member firm of a national securities exchange, savings and loan association, credit union or other entity authorized by state law to guarantee signatures. A notary public from a financial institution is able to provide an acceptable guarantee, provided there is not a financial request involved. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP*

DATE (MM/DD/YYYY)

Note to Financial Institution: Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.

*If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, Power of Attorney.

For additional information please call toll-free (800) 999-0887 or visit us on the web at www.thompsonim.com.