

Mutual Fund Redemption/Exchange Request Form

I.	SHAREHOLDI	ER INFORMA'	ION				
Shareholder Name:Account Number:							
Joint Tenant Name:							
Mailing Address:					/	State	Postal Code
Date of Birth://					ocial Security Num	ber:/	/
Daytime Telephone Number: ()							
II. TYPE/AMOUNT OF REDEMPTION/EXCHANGE							
D	Full Redemption Fund Name:						
	<u>OR</u>						
Q	Partial Redemption/Exchange						
	Fund Name:						
	Specify Dollar A	amount: \$		<u>(</u>	or Specify Share A	mount:	
III.	PAYMENT INS	STRUCTIONS	(check only	one)			
	Mail check to ad	dress of record.					
	Exchange to Fund Name:						
	Mail check to the third party address specified below (Medallion Signature Guarantee is required*)						
	Payee Name:						
	Payee Name: FBO Name and/or Account #:						
	Street Address:						
	-	Street	(City	State	Postal Code	
	Wire Transfer* (Fee may apply**)	Name on Acco	unt:				
		Account Numb	er:				
		Name of Bank:					
		ABA Routing 1	Number:				
	Bank Telephone Number:						

ACH Transfer* Name on Account: _____ Account Number:_____ Name of Bank: ABA Routing Number: _____ Bank Telephone Number:

ACH Transfers must have a voided check attached to this form. The ACH will not be established without a voided check.

*A Medallion Signature Guarantee is required if you are requesting a check payable to a third party or sent to a third party address or a wire transfer or ACH transfer to a bank address that is not currently established on your account.

** A fee may apply to wire transfers. Please see the most recent prospectus or contact Shareholder Service for further details. In addition, your bank may impose a charge for receiving wires.

IV. SIGNATURE & MEDALLION SIGNATURE GUARANTEE STAMP

Use the space above for Medallion Signature Guarantee Stamp, if required.

The medallion signature guarantee stamp provides proof of identity and must be issued by a member of the medallion program. It must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Banks, Savings Associations, Brokers, Dealers, or Credit Unions that are members of the medallion program can provide the needed guarantee. <u>Please note that a Notary Public stamp is not</u> acceptable.

Please return this form to:

Shareholder Signature

Joint Shareholder Signature

Grandeur Peak Funds c/o Ultimus Fund Solutions, LLC PO Box 541150 Omaha, NE 68154

Telephone: (402) 493-4603 Facsimile: (402) 963-9094

Or Via Overnight Delivery: 4221 N 203rd St Ste 100 Elkhorn, NE 68022

Date

Date

Ultimus Fund Solutions, LLC serves as transfer agent for the Fund identified above.