



# DRIEHAUS MUTUAL FUNDS

**MAIL TO:**

Driehaus Mutual Funds  
 c/o UMB Fund Services, Inc.  
 P.O. Box 2175  
 Milwaukee, WI 53201 - 2175  
 Shareholder Services Phone Number: (879) 779-0079

**OVERNIGHT EXPRESS:**

Driehaus Mutual Funds  
 c/o UMB Fund Services, Inc.  
 235 W. Galena Street  
 Milwaukee, WI 53212  
 Shareholder Services Phone Number: (879) 779-0079

**USE THIS FORM TO:**

1. Authorize Telephone Purchase, Exchange and Redemption Privileges on your account;
2. Provide banking information for the Electronic Transfer of Funds between your Driehaus Mutual Fund account(s) and your checking or savings account;
3. Establish an Automatic Investment Plan for your Driehaus Mutual Fund account.

## Optional Account Services Form (Applies to non-IRA accounts only)

### A. I would like to add/update the information on the following account:

Please type or print clearly.

Account Number

Owner's Name (First, Middle, Last)

Owner's Social Security (or Tax ID) Number

Joint Owner's Name (First, Middle, Last)

Joint Owner's Social Security (or Tax ID) Number

Street

City, State, Zip

Daytime Telephone

Evening Telephone

### B. Please check the options you wish to add to your account:

- TELEPHONE EXCHANGE/REDEMPTION BY CHECK  
 Allows you to redeem and exchange shares in one Driehaus Mutual Fund for shares of another in an identically registered account.  
**Note:** You are not required to complete Section C for this option.
- TELEPHONE PURCHASE AND REDEMPTION BY AUTOMATED CLEARING HOUSE (ACH) NETWORK TRANSFER  
 Complete Section C to establish Telephone Purchases and Redemptions by ACH on your account. Please check with your bank to make sure it is an ACH member.
- TELEPHONE REDEMPTION BY WIRE  
 Complete Section C to establish Telephone Redemptions by wire on your account.

**○ AUTOMATIC INVESTMENT PLAN**

Provide the information below and complete Section C to invest automatically each month or quarter by electronically debiting your checking or savings account. The number of days the Automatic Investment Plan takes to establish depends on the timing of your request to initiate this option. For more information, please contact Shareholder Services at (877) 779-0079.

On the 5th 10th 15th 20th day of each month, beginning in the month of \_\_\_\_\_, please invest the following amounts in the Fund(s) as indicated.

If you do not select a date for Automatic Investment, the 20th of the month will be selected as the investment date. If the selected date falls on a weekend or holiday, your Automatic Investment will take place on the next available business day.

**The minimum initial investment must be met to use this option.**

These instructions apply to the following Fund(s) in the designated amount:

		Minimum Monthly Investment	Minimum Initial Investment
<input type="radio"/> DRIEHAUS ACTIVE INCOME FUND	\$ _____	\$1,000	\$25,000
<input type="radio"/> DRIEHAUS SELECT CREDIT FUND	\$ _____	\$1,000	\$25,000
<input type="radio"/> DRIEHAUS EVENT DRIVEN FUND	\$ _____	\$100	\$10,000

**C. Please provide your bank account information:**

Please provide a voided check or encoded deposit slip for the bank account to be used in conjunction with wire and ACH transactions.

\_\_\_\_\_  
Name of Depositor (as shown on bank records)

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
Bank Address: City, State, Zip, Country

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Address (continued)

**D. Please sign here. All registered owners must sign below.**

I hereby authorize Driehaus Mutual Funds and its transfer agent to honor instructions processed under the above-selected account options to purchase/exchange/redeem shares when directed and as specified, by transmitting the proceeds, as applicable, to me at my address of record or by debiting/crediting my preauthorized bank account. I hereby ratify any such instructions and agree to indemnify Driehaus Mutual Funds and its transfer agent from any loss, liability, cost, damage and expense for acting upon such instructions. I understand that if I submit a change of address certain privileges will be suspended for a period of 30 days, and that all checks will be issued in the name(s) of all registered owner(s).

**Medallion Signature Guarantee:** to add bank information to your account as indicated above, all registered owners must have their signature(s) guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchange Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

\_\_\_\_\_  
Signature: Account Owner

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature: Joint Account Owner

\_\_\_\_\_  
Date:

Medallion Signature Guarantee (if required)

Medallion Signature Guarantee (if required)