



ACCOUNT PRIVILEGES CHANGE FORM

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Cannabis Growth Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Cannabis Growth Fund
C/O UMB Fund Services, Inc
235 W. Galena Street
Milwaukee WI 53212

PART I: CURRENT ACCOUNT INFORMATION

Changes will apply to the following accounts:

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Names(s) on Account: _____

Tax ID Number: _____

PART II: BANK INFORMATION

Note: This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. A Medallion signature guarantee is required to add bank instructions to your account.

I would like to: Add Change Bank Information

Bank Name: _____

Bank Address: _____

ABA Routing Number: _____ Account Number: _____

Account Type:

Checking Account Savings Account

I authorize the bank listed above for:

Electronic Funds Transfer (takes 2 – 3 business days to receive proceeds)

Wire (\$20 Fee – takes 1 business day to receive proceeds)

PART III: TELEPHONE OPTIONS

Note: A Medallion signature guarantee is required to add telephone exchange or redemption privileges to your account.

- Add Delete
- Telephone Redemption: Permits the redemption of a maximum of \$50,000

PART IV: AUTOMATIC INVESTMENT PLAN

If you are adding or changing your bank information, please complete Section II. Bank information is required in order to establish an automatic investment plan. Minimum additions to the Fund for auto investments are \$100. Automatic investments can be made on the 5th, 10th, 15th, 20th and/or 25th of each month.

I would like to:

- Add Change Automatic Investment Plan
- Monthly Quarterly

Begin investment on (month, year): _____

- 5th 10th 15th 20th 25th

Fund: _____ Amount: \$ _____

Your automatic investment will be withdrawn directly from your checking or savings account named in Section II on the date you have selected or the first business day thereafter. You will be assessed a \$25 fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 15th of each month.

PART V: SYSTEMATIC WITHDRAWAL PLAN

Minimum withdrawal for a Systematic Withdrawal Plan is \$100

- Monthly Semi-annually (indicate month to start)
- Quarterly Annually (indicate month)

Begin withdrawal on (month, year): _____

5th 20th Fund: _____ Amount: \$ _____

Payment Method (check one)

- Check to Address of Record Bank Information Currently on Account New Bank Information*

* If you are adding or changing your bank information, please complete Section II.

Provisions of the Systematic Withdrawal Plan

Cannabis Growth Fund Systematic Withdrawal Plan is available for any shareholder account worth at least \$1,000.

By completing this form, you are appointing Cannabis Growth Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5th and/or 20th of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

PART VI: SIGNATURE(S) AND CERTIFICATIONS

I (we) certify that I (we) am (are) the account owner(s) authorized to make these elections and that all information provided by me (we) is true and accurate. I (we) authorize the above changes to my (our) Cannabis Growth Fund account. I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

All registered owners, officers, partners, trustees or custodian must sign.

Signature: _____ Date: _____ Tel: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

PART VII: MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan, or other eligible guarantor institution.

A notarization from a notary public or a signature guarantee is not acceptable.



Medallion Signature Guarantee (if required)