



Change of Address Form

For assistance in completing this form please call **1-888-726-9331**

IMPORTANT: Withdrawals within 15 days of an address change require a Medallion Signature Guarantee

1 ACCOUNT INFORMATION

Account Owner's Name _____

Account Number _____

2 NEW CONTACT INFORMATION

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Legal Address (if different from above – No P.O. Boxes permitted)

Street Address _____

City _____ State _____ Zip _____

Send Duplicate Confirmations to: Name _____

Street Address _____

City _____ State _____ Zip _____

3 SIGNATURE

Account Owner _____ Date _____

Mail completed form to: **Ave Maria Mutual Funds
c/o Shareholder Services
P.O. Box 46707
Cincinnati, OH 45246-0707**

or fax: **513-587-3438**