

Change Dividends/Capital Gains Options

Use this form to change your preferences for receipt/reinvestment of dividends and capital gains distributions.

1. Account Information

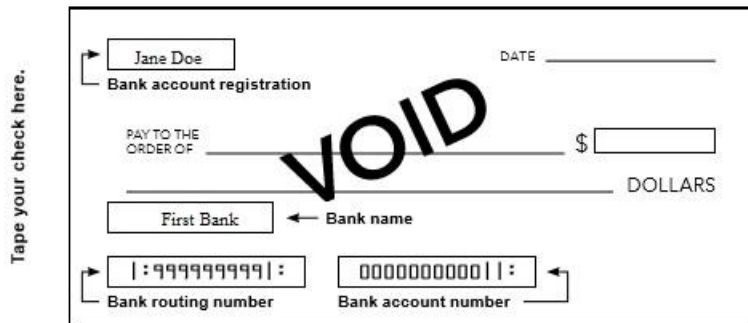
This request applies to the following account(s) with Dupree Mutual Funds:

Fund	Account Number		Reinvest	Direct Deposit	Mail Check	Transfer to:	Fund	Account No.
		Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

For each account identified above, please be sure to designate your preferences for both dividends and capital gains distributions. Please note that electronic delivery of dividend and capital gains distributions will be made within 1-2 days of the payable date. Distributions in cash via check to address of record may take up to a week or more for delivery via USPS.

2. Bank Information (if direct deposit selected for either dividends or capital gains)

Checking Account (Please attach an unsigned, voided check below. The check must be preprinted with the bank name, registration, routing number, and account number.)



Savings Account (Please attach a preprinted deposit slip or proof of account from your banking institution. Proof of account must include bank account registration, bank account number, ABA routing number, and include a bank employee signature on bank letterhead.)

3. Authorized Signature(s). ALL OWNERS MUST SIGN.

I/we understand that these instructions may be changed at any time by written request to Dupree Mutual Funds.

▶ _____
Signature: Account Holder/Trustee/Authorized Agent Print Name Date

▶ _____
Signature: Additional Account Holder/Co-Trustee Print Name Date