

## **LETTER OF INSTRUCTION FORM**

seafarerfunds.com · 855-732-9220

Please use this form to change your Seafarer Funds account options or provide general instructions. All shareholders must sign before any changes will be made; some changes will require a Medallion signature guarantee.

SECTION 1: Account Information	
Account Number or Shareholder's Social Security Number	Date of Birth (MM/DD/YY)
Name of Shareholder (Please Print)	
Name of Joint Shareholder (if any)	
Joint Shareholder's Social Security Number	Date of Birth ( <i>MM/DD/YY</i> )
( )	
Phone	E-mail Address
SECTION 2: Please Write Instructions Below	
SECTION 2: Dogwind Signature(a)	
SECTION 3: Required Signature(s)	
that it is my responsibility to read the current prospectus for the Se accept the instructions listed on this form; I agree to release Seafar them for any losses, damages or costs (including reasonable attorn designed to prevent unauthorized transactions; 4) If a trustee, e endorsement in fact, the endorser must sign his or her capacity fo	nplete this section. By signing this Letter of Instruction Form, I certify that: 1) I understand after Funds in which I choose to invest; 2) I am of legal age; 3) I allow Seafarer Funds to rer Funds, the transfer agent, their affiliates and agents from all liability and will indemnifuely in fees) or expenses for acting upon instructions if they follow reasonable procedures executor, administrator, guardian, committee, custodian, agent, or attorney makes the llowing the signature. Please call our Investor Services Department for details regarding at some privileges require a Medallion Signature guarantee and will not be executed until by an eligible guarantor.
Signature of Shareholder	Date (MM/DD/YY)
Signature of Shareholder	Date (MM/DD/YY)
Title Capacity (i.e. Trustee, executor, etc.)	
[Place Med	allion Signature Guarantee Here]

## Please mail completed form to:

Seafarer Funds PO. Box 219623 Kansas City, MO 64121

or Fax to 866-205-1499