

SYSTEMATIC WITHDRAWAL PLAN APPLICATION

MARSICO FUNDS®

IMPORTANT INFORMATION

Use this application to establish the Systematic Withdrawal Plan option on an existing account. To avoid having your application returned, please be sure to complete all sections. If you have any questions regarding this application, please contact an Investor Service Representative at **888-860-8686**.

Please return application to:

Marsico Funds
UMB Fund Services, Inc. – Transfer Agent
P.O. Box 3210, Milwaukee, WI 53201-3210

1 ACCOUNT REGISTRATION

Please complete the information below so that we may identify your account.

Name (first, middle, last)

Social Security Number or Taxpayer Identification Number

Street

City, State, ZIP Code

()
Daytime Telephone

()
Evening Telephone

2 ACCOUNT TO USE

Please designate the account from which withdrawals are to be made.

Fund Name \$
Amount (\$100 minimum)

Account Number

Begin Withdrawals on (month, year)

5th 10th 15th 20th*
 monthly quarterly semi-annually annually

*If no date is specified, withdrawals will be made on the 20th. Your first automatic withdrawal will occur no sooner than two weeks after receipt of this application.

3 BANK INFORMATION

Complete this section and attach a **voided, unsigned check or savings account deposit slip** for the bank account you will be using for withdrawals. If the bank information provided below is different than that which is currently on the account, a medallion signature guarantee will be required.

Name of Bank

Address of Bank

City, State, ZIP Code

Name(s) on Bank Account

Bank Account Number

ABA Number (available from your bank)

This is a: checking account savings account

4 WITHDRAWAL PAYMENT METHOD

Please make withdrawal payments by (check one):

Check ACH Wire**

**A wire fee will be charged.

5 DESIGNATION OF PAYEE AND MAILING ADDRESS

Complete this section if you wish to designate a payee different than the name registered on the account or if the mailing address is to be different than the address of record currently shown on the account. A medallion signature guarantee will be required.

Name (first, middle, last)

Street

City, State, ZIP Code

6 SIGNATURES (All Account Owners Must Sign)

By signing below:

- I understand that I am appointing the Funds as an agent to redeem shares in my account to make periodic payments. Payments will be made by redeeming the appropriate number of shares in the account at the then current net asset value. Redemptions will be processed on the 5th, 10th, 15th and/or 20th of the designated period, or if that day is a holiday, on the immediately following business day. Payments will normally be mailed within two business days thereafter. If I wish to terminate this plan, the termination request must be received by the transfer agent at least seven days prior to redemption of shares.
- I authorize the Funds and their agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. The Funds will employ reasonable procedures to confirm that instructions communicated by phone are genuine. To the extent that the Funds do not follow these procedures, they may be liable for losses due to unauthorized or fraudulent instructions.

By completing section 3 and signing below:

- I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Marsico Funds shall be fully protected in honoring any such transaction. I also agree that Marsico Funds may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

X
Signature of Owner Date

X
Signature of Owner Date

The medallion signature guarantee must be provided by a bank, member of a national securities exchange, savings and loan association, credit union, broker or other acceptable financial institution. **A notary public cannot provide a medallion signature guarantee.**

Medallion signature guarantee. Place guarantee stamp and authorized signature here.