

Account Maintenance Form

For Assistance Call: 1-866-773-3238

This form may be used to adopt any of the options indicated below for existing Accounts only. Complete section 1, 9 and all options that you would like to apply to your Account(s). Please refer to the Fund prospectus for additional information on Account options and privileges.

Please complete the applicable sections and mail to the address at the end of this form.

- Change Address/Phone/Email (sections 1,2 and 9)
- Change Dividend/Capital Gain Distribution Options (Sections 1,3 and 9)
- Name Change (Sections 1,4 and 9, Signature Guarantee Required)
- Change Telephone Authorization Options (Sections 1,5 and 9)
- Add/Update Bank Information (Sections 1,6 and 9, Signature Guarantee Required)
- Change/Add Beneficiaries (Sections 1,7 and 9, Signature Guarantee Required for TOD accounts only)
- Begin/Discontinue Duplicate Account Statements/Confirmations (Sections 1,8 and 9)

1 CURRENT ACCOUNT INFORMATION

Please print or type clearly.

- Individual Joint Custodial Trust
- Corporation Partnership Other

Account Name _____

Address of Record _____ City _____ State _____ Zip _____

Daytime Telephone _____

Account Number(s) _____ Evening Telephone _____ Email Address _____

2 CHANGE ADDRESS/PHONE/EMAIL

New Street Address _____ City _____ State _____ Zip _____

New Daytime Telephone _____ New Evening Telephone _____ New Email Address _____

3 DIVIDEND/CAPITAL GAIN AND DISTRIBUTION OPTIONS

Please update my dividend and/or capital gain options as follows:

- Reinvest dividends and capital gains Pay dividends and capital gains in cash
- Reinvest dividends and pay capital gains in cash Pay dividends in cash and reinvest capital gains

Select one of the following if you have checked any option for a cash distribution:

- Send a check to the address on the account
- Send via ACH to the bank listed on the Account (Please see Section 6 to add or update banking information)

4 NAME CHANGE

Print and sign both your former name and new name to verify that they represent one and the same person. In Section 9, sign your name exactly as it appears on the Account and include a Signature Guarantee.

Former Name _____ New Name _____

Signature of Former Name _____ Signature of New Name _____

5 TELEPHONE OPTIONS

Please select the option(s) you would like added or discontinued. If establishing an option that requires bank instructions to be updated or added to your Account, please see Section 6.

- I wish to establish the ability to make telephone exchanges
- I wish to establish the ability to make telephone redemptions
- I wish to discontinue the ability to make telephone exchanges
- I wish to discontinue the ability to make telephone redemptions

Redemption Options:

- Send a check to the address listed on the Account(s).
- Send proceeds via ACH or wire to the bank listed on the Account(s). (Please see Section 6 to update or add banking information.) Redemptions to your bank may be made via ACH or wire.

6 BANK INFORMATION

Bank information is required for bank wires, ACH transactions and Automatic Investment Plans. Please attach a pre-printed voided check or deposit slip and provide a Signature Guarantee in Section 9.

The Champlain Funds is hereby authorized to credit my/our Account by electronically debiting my/our bank account. This authority is to remain in effect until notice has been received by the Champlain Funds that it has been revoked. The Champlain Funds shall be fully protected in honoring such debit and if such debit is dishonored, whether with or without cause, whether intentionally or inadvertently, the Champlain Funds shall be under no liability whatsoever.

Attach Voided Check Here

- Checking Savings

Bank Name _____ City _____ State _____ Zip _____

Bank Routing Number _____ Account Number _____

Name(s) on Account _____

Change of Account Ownership Form

7 BENEFICIARY ELECTION CHANGES

Complete this section if you have an IRA or Transfer on Death Account and wish to add or change Beneficiaries. If you are adding or changing Beneficiaries for your Transfer on Death account, please provide a Signature Guarantee in Section 9.

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent Designation does not dispose of your entire account.

I designate the individual(s) named below as the Beneficiary(ies) of this Account. I revoke all prior account Beneficiary Designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice. If I am not survived by any Beneficiary, my Beneficiary shall be my estate. (If no percentage is specified, primary Beneficiaries will share the account balance equally.)

PRIMARY BENEFICIARY(IES)

1st Beneficiary's Name: First M.I. Last

SSN/U.S. Tax ID Date of Birth (MM/DD/YYYY)

Relationship % of Shares

2nd Beneficiary's Name: First M.I. Last

SSN/U.S. Tax ID Date of Birth (MM/DD/YYYY)

Relationship % of Shares

CONTINGENT BENEFICIARY(IES)

1st Beneficiary's Name: First M.I. Last

SSN/U.S. Tax ID Date of Birth (MM/DD/YYYY)

Relationship % of Shares

2nd Beneficiary's Name: First M.I. Last

SSN/U.S. Tax ID Date of Birth (MM/DD/YYYY)

Relationship % of Shares

If you would like to add additional Beneficiaries you may attach a separate list. Please include the above information for each additional beneficiary

8 DUPLICATE MAIL

Complete this section to have duplicate confirmations and statements automatically sent or to discontinue them. To add additional names and addresses, please include a separate list.

- Please send duplicate confirmations and statements to:
- Please discontinue sending duplicate confirmations and statements to:

Name

Address: Street City State Zip

- Please see the enclosed list to add additional names and addresses.

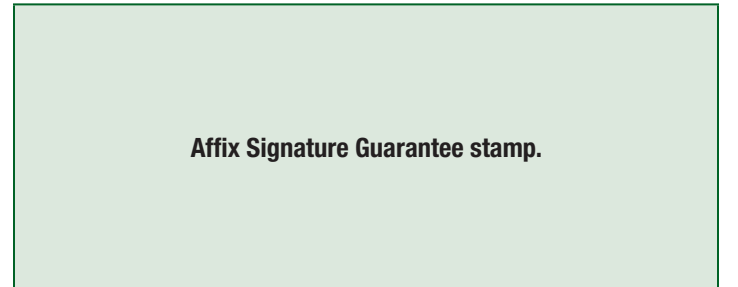
9 SIGNATURES AND AUTHORIZATION

In order to complete your request, the required authorized signers must sign below exactly as their names appear on the Account. A signature guarantee will be required ONLY if you are changing your name, adding/changing bank instructions or changing your TOD Beneficiary.

A **Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **NOT** acceptable.

By signing below, the owner(s) of the above referenced Account(s) hereby authorize(s) the option(s) specified in this form.

Signature: Individual, Custodian, Trustee, Partner, or Authorized Officer, as it appears in section 1



Please return the completed form to the address below:

Regular Mail:	Overnight:
Champlain Funds	Champlain Funds
P.O. Box 219009	c/o DST Systems, Inc.
Kansas City, MO 64121-9009	430 West 7th Street
	Kansas City, MO 64105

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 1-866-773-3238.