



Return Completed Form to:
Sterling Capital Funds
P.O. Box 9762
Providence, RI 02940-9762
For assistance, call (800) 228-1872

AUTOMATIC INVESTMENT PLAN FORM

Please use this form to add or change Automatic Investment Plan instructions to your pre-existing Sterling Capital Funds account.

ACCOUNT OWNER: _____

JOINT OWNER (IF APPLICABLE): _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

ACCOUNT NUMBER: _____

Please check one: ☐ Add Banking Instructions or ☐ Change Current Banking Instructions

- If establishing a new systematic investment into a new fund, please include a check in the amount of \$25.00 for the initial payment as the bank account is unable to be drafted for the initial deposit.
- Minimum automatic investment is \$25.00 per fund.
- All retirement account contributions invested using the Automatic Investment Plan will be current year contributions.
- We will establish your banking instructions using the voided check attached in the space provided below.
- If the investment date falls on a day the NYSE is not open for business, the investment date will occur on the next day the NYSE is open for business.

I would like to automatically invest from my bank account to my Sterling Capital Funds account on the following basis:

* If you not indicate a frequency, then we will default to monthly.

☐ Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Beginning in the month of _____, the investment(s) marked below will take place on the following day(s) _____ and _____.

* If you do not indicate a date of the month, then we will default to the 15th of the month.

Please debit the below amount(s) from my: ☐ Checking Account or ☐ Savings Account

Fund Name

Behavioral Large Cap Value Equity Fund
Mid Value Fund
Behavioral Small Cap Value Equity Fund
Special Opportunities Fund
Equity Income Fund
Behavioral International Equity Fund
Stratton Mid Cap Value Fund
Stratton Real Estate Fund
Stratton Small Cap Value Fund
SMID Opportunities Fund
Ultra Short Bond Fund
Short Duration Bond Fund
Intermediate U.S. Government Fund
Total Return Bond Fund
North Carolina Intermediate Tax Free Fund
South Carolina Intermediate Tax Free Fund
Virginia Intermediate Tax Free Fund
West Virginia Intermediate Tax Free Fund
Sterling Capital Deposit Account
Corporate Fund
Quality Income Fund
Other _____

Select a Share Class (required)

A	C
<input type="checkbox"/> (010)	<input type="checkbox"/> (210) \$ _____
<input type="checkbox"/> (012)	<input type="checkbox"/> (212) \$ _____
<input type="checkbox"/> (015)	<input type="checkbox"/> (215) \$ _____
<input type="checkbox"/> (021)	<input type="checkbox"/> (221) \$ _____
<input type="checkbox"/> (022)	<input type="checkbox"/> (222) \$ _____
<input type="checkbox"/> (025)	<input type="checkbox"/> (225) \$ _____
<input type="checkbox"/> (026)	<input type="checkbox"/> (226) \$ _____
<input type="checkbox"/> (027)	<input type="checkbox"/> (227) \$ _____
<input type="checkbox"/> (028)	<input type="checkbox"/> (228) \$ _____
<input type="checkbox"/> (064)	<input type="checkbox"/> (264) \$ _____
<input type="checkbox"/> (039)	\$ _____
<input type="checkbox"/> (040)	<input type="checkbox"/> (240) \$ _____
<input type="checkbox"/> (041)	<input type="checkbox"/> (241) \$ _____
<input type="checkbox"/> (042)	<input type="checkbox"/> (242) \$ _____
<input type="checkbox"/> (045)	<input type="checkbox"/> (245) \$ _____
<input type="checkbox"/> (046)	<input type="checkbox"/> (246) \$ _____
<input type="checkbox"/> (047)	<input type="checkbox"/> (247) \$ _____
<input type="checkbox"/> (048)	<input type="checkbox"/> (248) \$ _____
<input type="checkbox"/> (055)	<input type="checkbox"/> (255) \$ _____
<input type="checkbox"/> (080)	<input type="checkbox"/> (280) \$ _____
<input type="checkbox"/> (081)	<input type="checkbox"/> (281) \$ _____
<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Total \$ _____

Attach a voided check in the space provided below.

ATTACH VOIDED CHECK HERE

Note:

- It can take up to 20 business days to enable this feature.
- At least one of the names on your check must match the name(s) on your account.

I authorize the above systematic investment(s) to be made on my Sterling Capital Funds account utilizing the bank account information listed above.

Signature of Account Owner

Date

Signature of Joint Owner (If applicable)

Date