

AUTOMATIC WITHDRAWAL PLAN FORM				
Please use this form to add or change Automatic With account.	drawal Plan instructi	ons to your pre-existing non-ret	irement Sterling C	apital Funds
ACCOUNT OWNER:			<u> </u>	
JOINT OWNER (IF APPLICABLE):				
ADDRESS:	CITY		STATE	ZIP
ACCOUNT NUMBER:				
Please check one:				
Add Automatic Withdrawal Instructions	or	Change Current Automatic	Withdrawal Instru	ictions
 Your account must have a value of \$5,000 or The minimum withdrawal is \$25.00. If the value of your account falls below \$1,000 or the Fund may close your account and mail If the selected date falls on a day the NYSE is (without crossing the month or year). I would like to automatically withdrawal from my Stt * If you do not indicate a frequency, then we will defau), you may be aske the proceeds to yo s not open for busin erling Capital Funds	d to add sufficient funds to brir u. ess, your withdrawal will occu	r on the prior busi	
Bi-Monthly Monthly	Quarterly	Semi-Annually	Annually	/
Beginning in the month of, I would like to account on the following day(s) and * If you do not specify a day of the month, we will sche			n by Sterling Capi	tal Funds
Behavioral Large Cap Value Equity Fund Mid Value Fund Behavioral Small Cap Value Equity Fund Special Opportunities Fund Equity Income Fund Long/Short Equity Fund Behavioral International Equity Fund Stratton Mid Cap Value Fund Stratton Real Estate Fund Stratton Small Cap Value Fund Stratton Small Cap Value Fund Ultra Short Bond Fund	$ \begin{array}{c c} (012) & (112) \\ (015) & (115) \\ (021) & (121) \end{array} $	C (210) \$ (212) \$ (215) \$ (221) \$ (222) \$ (224) \$ (225) \$ (226) \$ (227) \$ (227) \$ (228) \$ (227) \$ (226) \$ (227) \$ (228) \$ (241) \$ (241) \$ (241) \$ (243) \$ (244) \$ (244) \$ (244) \$ (244) \$ (244) \$ (245) \$ (246) \$ (246) \$ (247) \$ (248) \$ (255) \$ (261) \$ (261) \$		

Total \$_____

Please have the amount(s) indicated above distributed using the following payment method:

* A Medallion Signature Guarantee Stamp may be required. Please refer to your prospectus or call us at the number listed at the top of this form for specific requirements.

Mailed check to my address of record.	Mailed check to the payee listed below:	
	Name of payee	
	Address of payee	
	City, State, Zip	
Deposit electronically via ACH to my bank address and the second seco	ccount on file.	
Deposit electronically via ACH using the ban	k instructions on the attached voided check.	
I authorize deposits to the following b	ank account:	

Attach a voided check in the space provided below.

ATTACH VOIDED CHECK HERE	

I authorize the above systematic withdrawal to be made from my Sterling Capital Funds account utilizing the distribution method listed above.

Signature of Account Owner

Date

Signature of Joint Owner (If applicable)

Date

Medallion Signature Guarantee Stamp* (if required)

^{*}The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is <u>not</u> a substitute for a Signature Guarantee. The medallion signature guarantee stamp must include the words **SIGNATURE GUARANTEED**, **MEDALLION GUARANTEED**, and otherwise comply with the medallion program requirements.



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