



STERLING
CAPITAL FUNDS

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

AUTOMATIC WITHDRAWAL PLAN FORM

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

ACCOUNT OWNER: _____

JOINT OWNER (IF APPLICABLE): _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

ACCOUNT NUMBER: _____

Please check one:

Add Automatic Withdrawal Instructions or Change Current Automatic Withdrawal Instructions

- Your account must have a value of \$5,000 or more to start withdrawals.
- The minimum withdrawal is \$25.00.
- If the value of your account falls below \$1,000, you may be asked to add sufficient funds to bring the account back to \$1,000, or the Fund may close your account and mail the proceeds to you.
- If the selected date falls on a day the NYSE is not open for business, your withdrawal will occur on the prior business day (without crossing the month or year).

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

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

Bi-Monthly Monthly Quarterly Semi-Annually Annually

Beginning in the month of _____, I would like to have the amounts marked below withdrawn from my Sterling Capital Funds account on the following day(s) _____ and _____.

* If you do not specify a day of the month, we will schedule your withdrawal on the 15th of the month.

Fund Name	Select a Share Class (required)	
	A	C
Behavioral Large Cap Value Equity Fund	<input type="checkbox"/> (010)	<input type="checkbox"/> (210) \$ _____
Mid Value Fund	<input type="checkbox"/> (012)	<input type="checkbox"/> (212) \$ _____
Behavioral Small Cap Value Equity Fund	<input type="checkbox"/> (015)	<input type="checkbox"/> (215) \$ _____
Special Opportunities Fund	<input type="checkbox"/> (021)	<input type="checkbox"/> (221) \$ _____
Equity Income Fund	<input type="checkbox"/> (022)	<input type="checkbox"/> (222) \$ _____
Behavioral International Equity Fund	<input type="checkbox"/> (025)	<input type="checkbox"/> (225) \$ _____
Stratton Mid Cap Value Fund	<input type="checkbox"/> (026)	<input type="checkbox"/> (226) \$ _____
Stratton Real Estate Fund	<input type="checkbox"/> (027)	<input type="checkbox"/> (227) \$ _____
Stratton Small Cap Value Fund	<input type="checkbox"/> (028)	<input type="checkbox"/> (228) \$ _____
SMID Opportunities Fund	<input type="checkbox"/> (064)	<input type="checkbox"/> (264) \$ _____
Ultra Short Bond Fund	<input type="checkbox"/> (039)	\$ _____
Short Duration Bond Fund	<input type="checkbox"/> (040)	<input type="checkbox"/> (240) \$ _____
Intermediate U.S. Government Fund	<input type="checkbox"/> (041)	<input type="checkbox"/> (241) \$ _____
Total Return Bond Fund	<input type="checkbox"/> (042)	<input type="checkbox"/> (242) \$ _____
North Carolina Intermediate Tax Free Fund	<input type="checkbox"/> (045)	<input type="checkbox"/> (245) \$ _____
South Carolina Intermediate Tax Free Fund	<input type="checkbox"/> (046)	<input type="checkbox"/> (246) \$ _____
Virginia Intermediate Tax Free Fund	<input type="checkbox"/> (047)	<input type="checkbox"/> (247) \$ _____
West Virginia Intermediate Tax Free Fund	<input type="checkbox"/> (048)	<input type="checkbox"/> (248) \$ _____
Corporate Fund	<input type="checkbox"/> (080)	<input type="checkbox"/> (280) \$ _____
Quality Income Fund	<input type="checkbox"/> (081)	<input type="checkbox"/> (281) \$ _____
	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 account on file.

Deposit electronically via ACH using the bank instructions on the attached voided check.

I authorize deposits to the following bank account:

Checking Account

or

Savings 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 not 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.