



**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 withdrawal 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Beginning in the month of \_\_\_\_\_, I would like to have the amounts marked below withdrawn from by Sterling Capital Funds account on the following day(s) \_\_\_\_\_ and \_\_\_\_\_.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 15<sup>th</sup> 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)	<input type="checkbox"/> (239) \$ _____
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) \$ _____
Sterling Capital Deposit Account	<input type="checkbox"/> (055)	<input type="checkbox"/> (255) \$ _____
Corporate Fund	<input type="checkbox"/> (080)	<input type="checkbox"/> (280) \$ _____
Quality Income Fund	<input type="checkbox"/> (081)	<input type="checkbox"/> (281) \$ _____
SMID Opportunities Fund	<input type="checkbox"/> (064)	<input type="checkbox"/> (264) \$ _____

**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.