



# Account Maintenance Form

This form may be used to adopt any of the options indicated below for existing Accounts only. Complete section 1, 10 and all options that you would like to apply to your Account(s). Please refer to the Baron Funds prospectus for additional information on Account options and privileges. Our prospectuses can be found online at [www.baroncapitalgroup.com](http://www.baroncapitalgroup.com).

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

## What would you like to do?

- Change Address/Phone/Email (Sections 1, 2 and 10)
- Change Dividend/Capital Gain Distribution Options (Sections 1, 3 and 10)
- Name Change (Sections 1, 4 and 10, Signature Guarantee Required)
- Change Telephone/Online Authorization Options (Sections 1, 5 and 10)
- Add/Update Bank Information (Sections 1, 6 and 10, Signature Guarantee Required)
- Change/Add Beneficiaries (Sections 1, 7 and 10, Signature Guarantee Required for TOD accounts only)
- Begin/Discontinue Duplicate Account Statements/Confirmations (Sections 1, 8 and 10)
- Change Cost Basis Accounting Method Selection (Sections 1, 9 and 10)

## 1. Current Account Information (Please print)

Account Owner's Name		Joint Account Owner's Name (if applicable)	
Address of Record	City	State	Zip
Daytime Telephone	Evening Telephone	Email Address	
Account Number(s)			

## 2. Change Address/Phone/Email

New Address: Street	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 10, sign your name exactly as it appears on the Account and include a Signature Guarantee.

Former Name (Print)	New Name (Print)
Signature of Former Name	Signature of New Name

## 5. Telephone/Online 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/online purchases/exchanges (Bank instructions required).
- I wish to establish the ability to make telephone/online redemptions (Maximum of \$100,000 per Fund per day. Bank instructions required).
- I wish to discontinue the ability to make telephone/online purchases/exchanges.
- I wish to discontinue the ability to make telephone/online redemptions.

### Redemption Options:

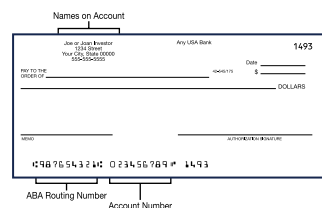
- Send a check to the address listed on the Account(s).
- Send proceeds via ACH or wire to the bank listed on the Account(s). (Please see Section 6 to update or add banking information.) Redemptions to your bank may be made via ACH or wire. There is a fee of \$10 to send via wire.)

## 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 10.

Baron Capital 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 Baron Capital that it has been revoked. Baron Capital shall be fully protected in honoring such debit and if such debit is dishonored, whether with or without cause, whether intentionally or inadvertently, Baron Capital shall be under no liability whatsoever.

### Attach Voided Check Here



- Checking Account
- Savings Account

Bank Name	City	State
ABA Routing Number	Account Number	
Name(s) on Account		

## 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 10.

**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)

1<sup>st</sup> Beneficiary's Name: First M.I. Last

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

Relationship % of Shares

2<sup>nd</sup> Beneficiary's Name: First M.I. Last

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

Relationship % of Shares

### CONTINGENT BENEFICIARY(IES)

1<sup>st</sup> Beneficiary's Name: First M.I. Last

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

Relationship % of Shares

2<sup>nd</sup> 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. Cost Basis Accounting Method Selection

Baron Capital default accounting method is Average Cost. If you would like to change your accounting method please check the box next to the method you would prefer below.

**Note:** When selecting Specific Lot, please choose a secondary method to be used as an alternative in the event specific lot information is not provided.

### Primary Method

First-In First-Out

Last-In First-Out

High cost

Low cost

Loss/Gain Utilization

Specific Lot

**Secondary Method** (only complete this section if you selected Specific Lot as your primary method)

First-In First-Out

Last-In First-Out

High cost

Low cost

Loss/Gain Utilization

## 10. 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.**

Account Owner's Signature Date

**Affix Signature Guarantee stamp.**

Joint Account Owner's Signature Date

**Affix Signature Guarantee stamp.**

**Please return the completed form to the address below:**

### Regular Mail:

BARON CAPITAL®  
P.O. BOX 219946,  
KANSAS CITY, MO 64121-9946

### Overnight Mail:

BARON CAPITAL®  
801 PENNSYLVANIA AVE, SUITE 219946,  
KANSAS CITY, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 1 (800) 442-3814.