



Account Options Form

Regular Mail: Thompson IM Funds, Inc.
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery: Thompson IM Funds, Inc.
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

For additional information please call toll-free 800-999-0887 or visit us on the web at www.thompsonim.com.

IMPORTANT: This form is used to make changes to your existing account(s). Please read the Thompson IM Funds, Inc. prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

Account Information | If address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same".

If this box is checked, I/we give the Thompson IM Funds, Inc. authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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OWNER NAME / TRUST / CORPORATION / OTHER ENTITY

SOCIAL SECURITY / TAX ID NUMBER

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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STREET ADDRESS

CITY / STATE / ZIP

<input type="text"/>

E-MAIL ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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JOINT OWNER NAME / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

SOCIAL SECURITY / TAX ID NUMBER

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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STREET ADDRESS

CITY / STATE / ZIP

<input type="text"/>

E-MAIL ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER

SOCIAL SECURITY / TAX ID NUMBER

PHONE NUMBER

<input type="text"/>	<input type="text"/>
----------------------	----------------------

STREET ADDRESS

CITY / STATE / ZIP

<input type="text"/>

E-MAIL ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER

SOCIAL SECURITY / TAX ID NUMBER

PHONE NUMBER

<input type="text"/>	<input type="text"/>
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STREET ADDRESS

CITY / STATE / ZIP

Please indicate account(s) that require change:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

1 Type of Change | Check all that apply

- Telephone and Internet Options - complete Sections 2, 3 (if applicable) & 6
- Bank Information - complete Sections 3 & 6
- Capital Gains & Dividend Options - complete Sections 3 (if applicable) & 4
- Systematic Options - complete Sections 3 (if applicable), 5 & 6

2 Telephone and Internet Options | Check option(s) to establish

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

- Telephone and Internet Purchase *via ACH
- Telephone and Internet Exchange
- Telephone and Internet Redemption *By: Wire** ACH Check to Address of Record

*A signature guarantee stamp may be required to establish options per the Fund's prospectus.

**Refer to your Fund's prospectus for information relating to fees for proceeds sent by federal wire. Wire redemptions not available on Fiduciary Accounts.

3 Bank Information* | Check appropriate action

- Add Bank Information (attach voided check)
- Change or Remove Existing Bank Information (attach voided check)
 - My existing bank information is no longer valid as of _____.

Note: Your bank information will be removed if no date is specified.

Please attach a voided check or pre-printed deposit slip. Checking Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)

John Doe 53289
 Jane Doe
 123 Main St.
 Anytown, USA 12345

Pay to the order of _____ \$ _____
 _____ DOLLARS

Memo _____ Signed _____

VOID

⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

***Adding or changing bank information may require a signature guarantee per the Fund's prospectus.**

4 Capital Gains & Dividend Options

Cash distribution should be paid by (select one):

- Check to Address of Record ACH to Bank of Record*

		Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				

*If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you currently have valid bank information on record. If adding or changing bank information, please complete Section 3 and attach a voided check.

5 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow at least 15 calendar days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
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FUND & ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
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AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one) Monthly Quarterly Semi-Annually Annually

B Update Existing AIP

Note: This form must be received at least 5 calendar days prior to the effective date of the next transaction in order to change or terminate your transaction.

If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately Specific Date _____ (Note: Your AIP will be stopped if no date is specified)

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
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FUND & ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
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AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one) Monthly Quarterly Semi-Annually Annually

*Please complete section 3 if new bank information is being used for the Automatic Investment Plan.

6 Systematic Options | Systematic Withdrawal Plan (SWP)

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
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FUND & ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
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SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

Frequency (check one) Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one) Check OR ACH to: (check one) Existing Bank Information New Bank Information** Special Payee**

<input type="text"/>	<input type="text"/>
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MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
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FUND & ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$	<input type="text"/>
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SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

Frequency (check one) Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one) Check OR ACH to: (check one) Existing Bank Information New Bank Information** Special Payee**

<input type="text"/>	<input type="text"/>
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MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

*Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.

**Requesting proceeds to a checking or savings account may require a signature guarantee. If we do not have bank information on record, please complete Section 3 of this form. Establishing a Special Payee may require a signature guarantee.

7 Signature(s)

I have received and understand the prospectus for Thompson IM Funds, Inc.. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and the Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC and the Fund harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

***If shares are to be registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian should sign, (3) a trust, ALL trustee(s) should sign, or (4) a corporation or other entity, an officer(s) should sign.**

AUTHORIZED SIGNATURE GUARANTEE STAMP

DATE (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.