



Redemption Form

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

Overnight Delivery: Thompson IM Funds
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.

1 Account Information

<input type="text"/>			
NAME(S) OF ACCOUNT OWNER(S)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DAYTIME PHONE NUMBER

2 Redemption Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NAME	FUND NAME	FUND NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.
<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.
<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.

3 Delivery Instructions

Redemption should be paid in the following manner (please select one):

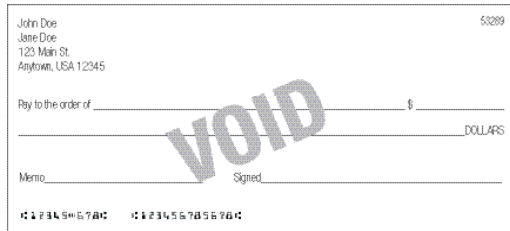
- Please send a check to the address of record on my account.**
 Regular Mail Overnight Mail (a \$15.00 fee applies)
- Wire redemption to (a \$15.00 fee applies):**
 The bank information currently on file New bank information (a voided check or pre-printed deposit slip must be attached in section 4)
- Electronic Funds Transfer via Automated Clearing House (ACH) to:**
 The bank information currently on file New bank information (a voided check or pre-printed deposit slip must be attached in section 4)
No fee applies. ACH transfers take 2-3 business days.
- Alternate payee and/or address other than the address of record.** A signature guarantee is required in section 6. Please complete the spaces below with the applicable payee and address information.

<input type="text"/>	
THIRD PARTY NAME	
<input type="text"/>	<input type="text"/>
THIRD PARTY ADDRESS	CITY / STATE / ZIP

4 Voided Check or Deposit Slip* (optional)

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

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



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

5 Date of Death (if applicable)

DATE OF DEATH

In order to accurately provide gain/loss detail on the 1099-B tax form we require the shareholder's date of death.

6 Signature(s)

I have received and understand the prospectus for my Thompson IM Funds account. 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 Thompson IM Funds, the applicable 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 family 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 Redemption Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC 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 in 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.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other* _____	
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other* _____	
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other* _____	
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Owner	<input type="checkbox"/> Trustee	<input type="checkbox"/> Custodian
SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Other* _____	

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.

Note to Financial Institution: Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.

* Note: If someone other than the registered account owner is signing this request we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity:

Administrator, Conservator, Executor, Guardian, General Partner, Personal Representative, Surviving Joint Tenant, Corporate Officer, Appropriate Person by Small Estate Affidavit, Power of Attorney, Minor Who Has Reached Age of Majority.