



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

NAME(S) OF ACCOUNT OWNER(S)

ADDRESS

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

2 Redemption Information

FUND NAME

FUND NAME

FUND NAME

FUND NAME

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Redeem exactly \$ _____ upon receipt of this form.

Redeem exactly \$ _____ upon receipt of this form.

Redeem exactly \$ _____ upon receipt of this form.

Redeem exactly \$ _____ upon receipt of this form.

Redeem entire balance upon receipt of this form.

Redeem entire balance upon receipt of this form.

Redeem entire balance upon receipt of this form.

Redeem entire balance upon receipt of this form.

Redeem exactly _____ shares.

Redeem exactly _____ shares.

Redeem exactly _____ shares.

Redeem exactly _____ shares.

Distribution should be paid by:

Check to Address of Record ACH to Bank of Record Wire to Bank of Record Overnight to Address of Record

Third Party **If your distribution is sent to a third party address a signature guarantee may be required. Please consult the Fund's prospectus.*

THIRD PARTY NAME

THIRD PARTY ADDRESS

CITY / STATE / ZIP

3 Bank Information* | Check appropriate action

Add Bank Information (attach voided check)

Change Existing Bank Information (attach voided check)

My existing bank information is no longer valid.

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
Jane Doe
123 Main St.
Anytown, USA 12345

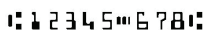
53289

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

Pay to the order of _____ \$ _____

_____ DOLLARS

Memo _____ Signed _____



VOID

4 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.

5 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.

SIGNATURE DATE (MM/DD/YYYY) Owner Trustee Custodian
 Authorized Signer Other* _____

SIGNATURE DATE (MM/DD/YYYY) Owner Trustee Custodian
 Authorized Signer Other* _____

SIGNATURE DATE (MM/DD/YYYY) Owner Trustee Custodian
 Authorized Signer Other* _____

SIGNATURE DATE (MM/DD/YYYY) Owner Trustee Custodian
 Authorized Signer 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.