



Transfer on Death (TOD)/Paid on Death (POD) Designation Form

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

Overnight Delivery: Thompson IM Funds
c/o U.S. Bank Global Fund Services
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.

A Account Information

ACCOUNT NUMBER

NAME OF SHAREHOLDER (PLEASE PRINT)

NAME OF JOINT SHAREHOLDER (IF ANY)

B Beneficiary Designation

NAME

PERMANENT STREET ADDRESS (PO BOX IS NOT ACCEPTABLE)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE

NAME

PERMANENT STREET ADDRESS (PO BOX IS NOT ACCEPTABLE)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE

C Secondary Beneficiary Designation

NAME

PERMANENT STREET ADDRESS (PO BOX IS NOT ACCEPTABLE)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE

NAME

PERMANENT STREET ADDRESS (PO BOX IS NOT ACCEPTABLE)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

PERCENTAGE

By signing below, I/we hereby: (1) instruct Thompson IM Funds to register the fund account named above in TOD form with the beneficiary or beneficiaries named above; (2) agree that this TOD account will be governed by the Rules Governing TOD Registration on the back of this form, which are incorporated herein by reference as if set forth in full; and (3) revoke any prior designations; and (4) retain the right to revoke this designation and designate a new beneficiary at any time by communicating to U.S. Bank Global Fund Services, in writing.

D Signature(s)

SIGNATURE OF ACCOUNT OWNER

SIGNATURE OF JOINT OWNER (IF APPLICABLE)