



**SECTION 3: Signature(s)**

I authorize the Brown Capital Management and its agents to act upon the instructions provided. I understand that the elections above will be applied as of the date this form is received and processed in good order. I agree that neither Brown Capital Management nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that these instructions are genuine.

**ALL owners of this account must sign below:**

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Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

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Signature (if applicable) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Please mail completed form to:**

**Mailing Address**

Brown Capital Management  
PO. Box 1466  
Denver, CO 80201

**Overnight Address**

Brown Capital Management  
1290 Broadway, Suite 1000  
Denver, CO 80203

**or fax to: 1-866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-877-892-4BCM (4226) or visit [www.browncapital.com](http://www.browncapital.com).