

Please complete the appropriate section of this form to authorize one or more of the special account options listed below. If you need more space, attach a separate sheet of paper. Do not use this form for retirement accounts. For assistance, please call (800) 955-9988.

SECTION 1: ACCOUNT INFORMATION

Check here if new address

SECTION 2: AUTOMATIC INVESTMENT PLAN

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue an automatic investment plan. There is a \$100 requirement per month per fund.

Fund Name	Amount
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Total Amount

How often would you like to invest?

Weekly Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th)

If no date is specified, investments will be made on or about the 15th of each term (month, quarter, or year). Please provide bank information in Section 5, if applicable.

SECTION 3: DISTRIBUTION OPTIONS

Please complete this section if you would like to change your current distribution option.

Dividend Distribution: Cash Reinvest

Capital Gains Distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account.

Please provide bank information in Section 5, if applicable.

SECTION 4: SYSTEMATIC WITHDRAWAL PLAN

Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue a systematic withdrawal plan. There is a \$100 requirement per month per fund.

Fund Name	Amount
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Total Amount

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th)

If no date is specified, withdrawals will be made on or about the 15th of each term (month, quarter, or year).

Money is to be sent by:

ACH Check Cross-Invest*

*Please populate Fund Name and Account Number
 Please provide bank information in Section 5, if applicable.

SECTION 5: BANK INFORMATION
Medallion signature guarantee required

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan; a systematic withdrawal plan; telephone/online transaction privileges; wire transfer capabilities; and/or are having cash distributions deposited into your account.

I would like to add bank information to this account to authorize purchase and redemptions via: ACH transfer and/ or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Client Experience Representative or on the website at www.sheltoncap.com.

I would like to modify my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

I would like to remove bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

 Account Type: Checking Savings

Please attach a voided check or savings deposit slip from the specified bank account.

A signature guarantee is required for adding or changing bank information in addition to authorizing wire transfers on this account.

Place Guarantee Stamp and authorized signature inside of the space provided. **This form must be signed in the presence of the person guaranteeing your signature.** Do not overlap any part of the stamps and/or signature with other text on the form. A signature guarantee assures a signature is genuine and protects you from unauthorized requests on your account. Financial institution that may guarantee signatures includes banks, savings and loans, trust companies, credit unions, broker/dealers and member firms of a national securities exchange. Contact the financial institution you intend to obtain a signature guarantee from for further information. A notary cannot provide a signature guarantee.

I authorize Shelton Capital Management to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Shelton Capital Management will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Shelton Capital Management. The termination request will be effective as soon as Shelton Capital Management has had reasonable time to act upon it.

SECTION 6: REQUIRED SIGNATURES

All registered owners must sign and may need to have their signatures guaranteed. **If signature guarantee is required, this form must be signed in the presence of the person guaranteeing your signature.**

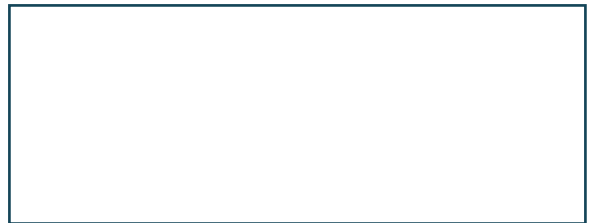
I authorize Shelton Capital Management to make the changes indicated to my account.

I authorize Shelton Capital Management, and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Shelton 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 instructions are genuine.

 Owner Signature Date

 Joint Owner Signature (if applicable) Date


Medallion Signature Guarantee Stamp



Medallion Signature Guarantee Stamp

Please mail completed form to:

 Shelton Capital Management
 P.o Box 87
 Denver, CO 80201-0087

If you have any questions, please contact a Client Experience Representative at (800) 955-9988.