

Non-IRA Redemption Form

Please complete all sections and mail form to the address provided below.

This form may be used to request a redemption from your Edgewood Growth Fund non-retirement account. Please refer to the Edgewood Growth Fund Prospectus for additional information regarding redemptions.

1 ACCOUNT INFORMATION

Please print or type clearly.

ACCOUNT OWNER'S NAME	JOINT ACCOU	UNT OWNER'S NAME (IF APPLICABLE)
RESIDENTIAL ADDRESS		
DAYTIME PHONE NUMBER List only the account(s) from	om which you would like the	redemotion taken:
FUND NAME/NUMBER	ACCOUNT NUMBER	REDEMPTION AMOUNT
FIIND NAME/NIIMBER	ACCOUNT NUMBER	(SEE SECTION 2 BELOW)
		(SEE SECTION 2 BELOW)
FUND NAME/NUMBER	ACCOUNT NUMBER	REDEMPTION AMOUNT (SEE SECTION 2 BELOW)

2 REDEMPTION AMOUNT

Please select one of the following:

- ☐ Partial redemption \$ ______ or _____ shares per fund/account. If redeeming multiple fund/accounts please indicate if amounts should be different in Section 1.
- ☐ Full redemption per fund/account.

3 COST BASIS ACCOUNTING METHOD

Please select one of the following.

On October 3, 2008 the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers and the IRS.

The Edgewood Growth Fund will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). The cost basis accounting method on your account will be used to deplete the shares for this transaction unless you provide specific share lots or an alternate election method.

☐ First-In First-Out	☐ Low Cost
☐ Last-In First-Out	☐ Loss/Gain Utilization
☐ High Cost	
(antions continued on next column)	

For Assistance Call: 1-800-791-4226

Date of Purchase:/	/	_Number of Shares
Date of Purchase:/	/	_Number of Shares
Date of Purchase:/		_Number of Shares
		rchased prior to January 1, 2012 (non-covered average cost for these shares upon depletion.
		n your 1099-B and you can choose to use this will not be provided to the IRS.
I understand that non-cove will be redeemed using the	ered shares v e method ele d that if I cho	ation on my non-covered shares when available. vill be redeemed first and that covered shares ceed above; after all non-covered shares have use Specific Lot, I will not be eligible to receive s.
4 METHOD OF PAYM	ENT	
Please select one of the folio	owing:	
☐ Send my redemption check	to my addre	ss of record.*
		ss other than my address of record,
information provided below	*	
PAYEE NAME		
STREET ADDRESS OR P.O. BOX		
CITY	S	TATE ZIP
		nk. (In order for us to send the proceeds to your
		methods. If bank instructions are not already ided check and provide a Medallion Signature
on file, please attach a pre	e-printed, vo	ided check and provide a Medallion Signature
on file, please attach a pre Guarantee in Section 5). ACH (requires up to three by	e-printed, vo usiness days subject to an	ided check and provide a Medallion Signature
on file, please attach a pre Guarantee in Section 5). ACH (requires up to three be Fed Wire (next day, may be from the redemption proces	e-printed, vo usiness days subject to an eds).	ided check and provide a Medallion Signature , at no charge).
on file, please attach a pre Guarantee in Section 5). ACH (requires up to three be Fed Wire (next day, may be from the redemption proces	e-printed, vo usiness days subject to an eds).	ided check and provide a Medallion Signature, at no charge). additional charge of \$10.00, deducted directly
on file, please attach a pre Guarantee in Section 5). ACH (requires up to three be Fed Wire (next day, may be from the redemption proces	e-printed, vo usiness days subject to an eds).	ided check and provide a Medallion Signature, at no charge). additional charge of \$10.00, deducted directly

* A Medallion Signature Guarantee is required in Section 5 if you request a redemption to be sent to an address other than the address of record, the check is not made payable to the registered owner, the address of record has been changed within the last 30 days, or the above bank instructions are different than the bank of record.

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5 SIGNATURES AND AUTHORIZATION

In order to complete your request, the required number of authorized signers must sign below exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title), a Medallion Signature Guarantee will be required.

A **Medallion Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A **Medallion Signature Guarantee** may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

The Fund participates in the Paperless Legal Program. Requests received with a Medallion Signature Guarantee will be reviewed for the proper criteria to meet the guidelines of the Program and may not require additional documentation.

By signing below, the owner(s) of the above referenced account(s) hereby authorizes the change of account ownership or transfer of shares specified in this form.

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

JOINT ACCOUNT OWNER'S SIGNATURE AND DATE

Please return the completed form to the address below:

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

Send to:

Edgewood Growth Fund
P.O. Box 219009

Kansas City, MO 64121-9009

Edgewood Growth Fund
C/o SS&C GIDS, Inc.
801 Pennsylvania Ave
Suite 219009

Kansas City, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 1-800-791-4226.

Affix Medallion Signature Guarantee stamp.

Affix Medallion Signature Guarantee stamp.