

**CAZ Strategic Opportunities Fund Additional Investment Form**

**Regular Mail**

CAZ Strategic Opportunities Fund  
C/O Ultimus Fund Solutions, LLC  
PO Box 541150  
Omaha, NE 68154

**Overnight Delivery**

CAZ Strategic Opportunities Fund  
C/O Ultimus Fund Solutions, LLC  
4221 N. 203<sup>rd</sup> St., Suite 100  
Elkhorn, NE 68022

**Fax**

(877) 513-0756

**All forms must be received FIVE BUSINESS DAYS before the first business day of the month in which the purchase is being made.**

**ALL WIRED AMOUNTS must be received THREE BUSINESS days prior to the purchase date in the full amount of the purchase.**

**NOTE that subscriptions by individual retirement accounts (IRAs) require the signature of the qualified IRA custodian or trustee of the IRA.**

The undersigned, an existing shareholder of CAZ Strategic Opportunities Fund (“the Fund”), hereby wishes to make an additional capital contribution to the Fund. The amount to be contributed is indicated below. The undersigned hereby acknowledges and agrees that such Additional Investment, if accepted by the Fund, will be governed by the terms and conditions contained in the original application, previously executed by the undersigned and accepted by the Fund, as the same may be updated or modified from time to time. The undersigned hereby represents and warrants that all representations and warranties made by the undersigned in the Application are true and correct in all material respects as if the undersigned made such representations and warranties as of the date set forth below. If there should be any change in facts or circumstances as a result of which the undersigned would no longer be able to make such representation or warranty, the undersigned will promptly notify the fund in writing of such change.

\_\_\_\_\_  
Shareholder Name:

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Amount of Additional Investment

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Custodian

\_\_\_\_\_  
BIN

\_\_\_\_\_  
Signature of Owner, Trustee or Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Signer

\_\_\_\_\_  
Signature of Joint Owner, Trustee or Custodian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Signer

**Wiring Instructions:**

First National Bank of Omaha  
ABA No. 104000016  
ATTN: CAZ Strategic Opportunities Fund  
ACCT NO. 733372092  
FFC: [YOUR NAME] [YOUR FUND ACCOUNT NO.]