DISTRIBUTION REQUEST - NON-IRA

DGIFUND



Mail completed Distribution Request – Non IRA Form to:

Mailing Address The DGI Fund c/o Paralel Technologies P.O. Box 2170 Denver, CO 80201 Overnight Address The DGI Fund c/o Paralel Technologies 1700 Broadway, Suite 1850 Denver, CO 80290

If you have questions, or your situation requires something other than the standard form, please contact an Investor Service Representative at 1-855-DGI-FUND (344-3863).

DISTRIBUTION REQUEST - NON-IRA



| 1. ACCOUNT HOLDER | |
|--|--|
| | |
| DGI Fund Account Number | |
| | |
| Name (Last, First, Middle Initial) | |
| | |
| Social Security Number | Date of Birth (MM/DD/YY) |
| | |
| Joint Owner's Name (Last, First, Middle Initial) (if applicable) | |
| | |
| Joint Owner's Social Security Number | Date of Birth (MM/DD/YY) |
| Address of Decidence (DO Device Met Accepted) | |
| Address of Residence (P.O. Boxes Not Accepted) | City, State, Zip Code |
| Mailing Address—If different (P.O. Boxes Accepted) | City, State, Zip Code |
| ······································ | |
| 2. DISTRIBUTION AMOUNT | |
| Redemptions will be made at the next determined price after your instruction specific price will not be honored. | ons are received in good order. Requests for redemptions on a specific date or at a |
| ONE-TIME DISTRIBUTION | SYSTEMATIC WITHDRAWAL PLAN |
| Specific Amount: \$ | Specific Amount: \$ |
| | Date & Frequency (Monthly, Quarterly, Semi-Annually, Annually) i. Date: |
| | ii. Frequency: |
| | |
| 3. WHO IS RECEIVING THE DISTRIBUTION | |
| MYSELF | SOMEONE ELSE* |
| a. Mail a check payable to me to my address on record | |
| b. Send via ACH to my bank account (if no bank account on file, provide bank information below) | Name of Recipient |
| Send by Wire to my bank account (if no bank account on file, provide bank information below) | a. Send by Check to the following address |
| , | Address |
| | |
| | City, State, Zip Code |
| | Send by Wire to the recipient's bank – must complete bank information section below. |
| * A Medallion Signature Guarantee is required to send assets to an addre | ess or bank other than the one listed on record. |
| This form may not be used to elect a cost basis method or make changes to determined using Average Cost, unless you have elected a different accourt | o the cost basis method on your account. The cost basis of covered shares is nting method. To elect a different method, please complete a Cost Basis Election ior to covered shares unless otherwise specified at the time of the redemption. Distribution Request – Non-IRA Page 1 |

4. UPDATE OR ADD BANK INFORMATION

My Bank Account is Already on File

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

Wire transfer

I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.DGIFund.com.

I would like to modify my current bank information on this account for purchases and redemptions via:

ACH Wire transfer

Account Type: Checking Savings

Name on the Account

Bank Name

ABA Routing Number (first 9 digits at the bottom of the check or deposit slip)

Bank Account Number (second set of numbers at the bottom of check or deposit slip)

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

Adding/changing bank information requires a signature guarantee. Please see Section 6.

I authorize the DGI Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the DGI Fund 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 the DGI Fund. The termination request will be effective as soon as the DGI Fund has had reasonable time to act upon it.

5. SIGN ON THE BOTTOM LINE

I authorize the DGI Fund to make the changes indicated to my account.

I authorize the DGI Fund and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the DGI Fund nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

6. SIGNATURE GUARANTEE (IF REQUIRED)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable. Most banks offer the Medallion Signature Guarantee (MSG) service to banking clients. Please contact your banking institution or one of the following types eligible MSG guarantor institutions if you need a MSG.

| Eligible guarantor's: | Commercial Banks |
|-----------------------|--|
| | Credit Unions |
| | Member Firms of a domestic stock exchange |
| | National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation) |
| | Savings Associations |
| | Trust Companies |

Medallion Signature Guarantee Stamp (ID Required)

Bank or Dealer Firm

Officer's Signature

Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Officer's Title

Mailing Address The Disciplined Growth Investors Fund P.O. Box 2170 Denver, CO 80201 Overnight Address DGI Fund 1700 Broadway, Suite 1850 Denver, CO 80290

If you have any questions, please contact an Investor Service Representative at 1-855-DGI-Fund (344)-(3863) or visit www.DGIFund.com.