

Any person(s) desiring to invest in shares of common stock (the "Shares") of the **Accordant ODCE Index Fund** (the "Fund") should carefully read and review the Prospectus, as supplemented to date, and if he/she/they desire(s) to invest in shares, complete the Account Application that follows these instructions. Follow the appropriate instructions listed below for the indicated section. Please print in ballpoint pen or type the information.

IF AN INVESTOR'S INVESTMENT IS ACCEPTED, THE FUND WILL SEND THE INVESTOR CONFIRMATION OF THEIR PURCHASE AFTER THEY HAVE BEEN ADMITTED AS AN INVESTOR.

<p>(1) INVESTMENT</p>	<p>Enter the amount and select the share class to be invested in. Information regarding the fees and expenses of each Share class is available in the Prospectus. You should speak with your financial advisor to help you decide which share class is best for you. A check for the full purchase price of the Shares invested for should be made payable to the order of "Accordant ODCE Index Fund."</p> <p>The minimum required initial investment for Classes A is \$2,500, Class I is \$500,000 and Class Y is \$50,000,000. If additional investments in the Fund are made, you will need to complete an Additional Account Application with the exact name in which the original purchase was made. The investor(s) acknowledge(s) that the broker-dealer named on the Account Application/Signature Page may receive a commission on any such investments in the Fund.</p> <p>If you are making a purchase in Class A Shares, section (9) must be completed by your Registered Representative or RIA. If you are making a purchase in Class I or Class Y Shares, section (9) is optional. If you are working with a Registered Representative or RIA please ensure they complete that section, if you are not, you may skip section (9)</p>
<p>(2) NON-CUSTODIAL OWNERSHIP</p>	<p>FOR NON-CUSTODIAL OWNERSHIP ACCOUNTS, PLEASE MAIL THE COMPLETE AND EXECUTED ACCOUNT APPLICATION AND YOUR CHECK MADE PAYABLE TO "ACCORDANT ODCE INDEX FUND" TO THE ADDRESS LISTED ON THE BOTTOM OF PAGE 2.</p>
<p>(3) CUSTODIAL OWNERSHIP</p>	<p>FOR CUSTODIAL OWNERSHIP ACCOUNTS, ACCOUNT APPLICATION MUST BE COMPLETED, EXECUTED, AND SENT TO THE CUSTODIAN.</p> <p>Check the appropriate box to indicate the type of entity that is investing. Note: Pension or Profit Sharing Plans appear under Non-Custodial Ownership as well as Custodial Ownership. Check Non-Custodial Ownership if the plan has a trustee; check Custodial Ownership if the plan has a custodian.</p> <p>Enter the exact name of the custodian or trustee, mailing address, and business phone. If this is an additional purchase by a qualified plan or non-qualified custodial account, please use the same exact plan name as the previous investment.</p> <p>(3)a The custodian must complete this box by entering its custodian Tax ID number (for tax purposes), the custodian account number and name of custodian or other administrator.</p>
<p>(4) INVESTOR INFORMATION (REQUIRED)</p>	<p>(4)a For non-custodial ownership accounts, enter the exact name(s) in which the shares are to be held. For multiple investor(s), enter the names of all investor(s). For custodial ownership accounts, enter "FBO" followed by the name of the investor(s).</p> <p>(4)b Enter the date of birth of the investor(s) (REQUIRED) and joint investor(s), if applicable, or date of incorporation. Enter the social security number (SSN) of the investor(s) (REQUIRED) and joint investor(s), if applicable. The investor(s) is certifying that the number is correct. For custodial accounts, enter the investor's social security number (for identification purposes). Enter Tax ID number, if applicable.</p> <p>(4)c Enter the home address, city, state, zip code, home telephone, business telephone, and email address of the investor(s). Note: Section 3 should contain the custodian's mailing address.</p> <p>(4)d Enter an alternate mailing address if different than the home address in item 4(c).</p> <p>(4)e Check the appropriate box. If the investor(s) is/are a non-resident alien(s), he/she/they must apply to the Internal Revenue Service for an identification number via Form SS-4 for an individual or SS-5 for a corporation, and supply the number to the Fund as soon as it is available. If a non-resident alien, the investor(s) must submit an original of the appropriate W-8 Form (W-8BEN, W-8ECI, W-8EXP OR W-8IMY) in order to make an investment.</p> <p>(4)f Check the box if either the investor or joint investor is an employee of Accordant ODCE Index Fund, Accordant Investments, or their affiliates, or an affiliate or Board Member of the Fund.</p>
<p>(5) DIVIDEND AND CAPITAL GAIN DISTRIBUTION</p>	<p>Check the box to have the distributions mailed to the address of record, the address that is located in Section 4. If the box in Section 5 is not checked, dividends and capital gain distributions will be reinvested into the Fund.</p>

<p>(6) AUTOMATED INVESTMENT PROGRAM (AIP)</p>	<p>If you would like to invest automatically in the Fund each month, please complete the information in Section 6 regarding the frequency of such investments, the amount to be invested during each period, and the date on which the investment is to be made. Indicate whether it is a checking or savings account, and enter the name of the institution/individual, mailing address, ABA number and account number. A voided check must be enclosed if it is a checking account. If it is a savings account, please obtain written verification of the routing and account numbers from the bank. Note: AIP is not available for investments made through a custodian. Your bank must be a member of the Automated Clearing House (ACH).</p>
<p>(7) REDUCED SALES CHARGE (CLASS A SHARES ONLY)</p>	<p>Depending on how much you invest in Class A Shares, you may be able to reduce the applicable sales load due to breakpoints (see "Sales Load" in the Prospectus). If you may be eligible for a reduced sales charge, please complete either Section 7(a) or Section 7(b).</p> <p>(7)a Section 7(a) should be completed if you intend to invest the applicable amount that qualifies you for a reduced sales load over the next 13 months. Check the box of the total amount you intend to invest.</p> <p>(7)b Section 7(b) should be completed if you already own Class A shares in another account. Please provide your other account number if you may qualify for a reduced sales load due to the total number of Class A* shares you own.</p>
<p>(8) SIGNATURES (REQUIRED)</p>	<p>The Account Application must be signed and dated by the investor(s) and, if applicable, the trustee or custodian. If applicable, the Account Application must be signed and guaranteed by the custodian(s) if investing through an IRA, Keogh, or qualified plan.</p>
<p>(9) (OPTIONAL)</p>	<p>If you are making a purchase in Class A Shares, section (9) must be completed by your Registered Representative or RIA. If you are making a purchase in Class I or Class Y Shares, section (9) is optional.</p> <p>If you are working with a Registered Representative or RIA please ensure they complete that section, if you are not, you may skip section (9).</p> <p>if applicable, the Account Application, together with a check for the full purchase price, should be delivered or mailed to your broker-dealer.</p>

NOTICE TO STOCKHOLDERS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or owner-less, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

ACCEPTABLE FORMS OF PAYMENT

- A. Wire transfers
- B. Pre-printed personal checks
- C. Cashier's checks over \$10,000
- D. Business checks when applied to company/corporate account
- E. Trust checks for trust accounts
- F. Custodial checks for IRA accounts
- G. Checks endorsed from other investment programs will be accepted if they meet the minimum investment requirement.

Pay to the order of "Accordant ODCE Index Fund".

If check is submitted, please send to address below. If sending by wire, please follow the following wiring instructions.

Wiring Instructions:

Bank: UMB Bank

ABA: 101000695

Account #: 9872657519

Account Name: SS&C GIDS, Inc., As Agent for Accordant Investments LLC

FFC: Reference client account number or name

WE CANNOT ACCEPT: Money orders, cashier's checks for \$10,000 or less, temporary (not pre-printed) checks or third party checks. If you need to verify whether a form of payment is acceptable, please call our Investor Services Department at **888-778-7781**.

PLEASE NOTE: Because of our anti-money laundering policies, if the investor's name used in this Account Application does not match the Payor printed on the check, we may request documents or other evidence as we may reasonably require in order to correlate the investor's name to the Payor on the check.

Regular Mail:

Accordant Investments
PO Box 219723
Kansas City, MO 64121-9723

Overnight Mail:

Accordant Investments,
430 W 7th Street Suite 219723
Kansas City, MO 64105-1407

(1)

INVESTMENT

Initial Investment Additional Investment
 (Account Application or Additional Investment Application Form must be completed)

Existing Accordant ODCE Index Fund #

Please make investment check payable to: **"Accordant ODCE Index Fund"**

Share Class: a share class selection must be made.
 Class A Class I Class Y

Minimum Initial Investment for Class A = \$2,500
 Minimum Initial Investment for Class I = \$500,000
 Minimum Initial Investment for Class Y = \$50,000,000

AMOUNT INVESTED \$

Funds Enclosed Funds Wired Funds to Follow

(2)

NON-CUSTODIAL OWNERSHIP

(If selecting from any of the below, Exhibit E must be completed on page 6)

Individual
 Investor must sign & initial

Joint Tenants with Right of Survivorship
 All parties must sign & initial

Tenants in Common
 All parties must sign & initial

Community Property
 All parties must sign & initial

Pension or Profit Sharing Plan
 Trustee or custodian signature (REQUIRED)

Trust
 Trustee or Grantor signature(s) required
 DATE ESTABLISHED (REQUIRED)
 Currently Revocable
 Irrevocable

Company or Corporation
 Authorized officer must sign or initial
 S-Corp
 C-Corp

Uniform Gift to Minors Act or the Uniform Transfers to Minors Act
 Custodian must sign or initial

Partnership or LLC
 Authorized Agent must sign or initial

Qualified non-custodial administrator

Registered Investment Company

Other: SPECIFY

NAME OF TRUST OF BUSINESS ENTITY (IF APPLICABLE)

(3)

CUSTODIAL OWNERSHIP

Send ALL paperwork directly to the custodian

IRA (TYPE) Qualified Pension or Profit Sharing Plan Non-Qualified Custodial Account Other: SPECIFY

NAME OF CUSTODIAN OR TRUSTEE

NAME OF TRUST (IF APPLICABLE)

MAILING ADDRESS

CITY STATE ZIP

BUSINESS PHONE

SECTION (3)a

CUSTODIAN TAX ID # CUSTODIAN ACCOUNT #

NAME OF CUSTODIAN OR OTHER ADMINISTRATOR

(4)

INVESTOR INFORMATION (REQUIRED)

REQUIRED →

SECTION (4)a

NAME OF INVESTOR OR TRUSTEE (REQUIRED)

NAME OF JOINT INVESTOR

SECTION (4)b

INVESTOR DATE OF BIRTH (MM/DD/YYYY) JOINT INVESTOR DATE OF BIRTH (MM/DD/YYYY) ENTITY TAX ID #

INVESTOR SSN# JOINT INVESTOR SSN#

SECTION (4)c

STREET ADDRESS (REQUIRED) NO P.O. BOX

CITY STATE ZIP

HOME PHONE (REQUIRED) BUSINESS PHONE

I (we) authorize the Fund to make available on its website the documents and reports required to be delivered to me, and notify me via e-mail when such reports are available in lieu of receiving paper copies.

E-MAIL ADDRESS (Recommended) SIGNATURE (REQUIRED)

SECTION (4)d

ALTERNATE MAILING ADDRESS OR P.O. BOX

CITY STATE ZIP

SECTION (4)e Please indicate Citizenship Status (REQUIRED): If a box is not checked, U.S. Citizenship will be applied by default.

U.S. Citizen Resident Alien Non-Resident Alien*

SECTION (4)f Please indicate if:

Employee, Affiliate or Board Member of Accordant ODCE Index Fund

*If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W-8EXP or W-8IMY) in order to make an investment.

(5) (optional)

DIVIDEND AND CAPITAL GAIN DISTRIBUTION

Complete this section only if you wish to opt-out of the DRIP program.

All distributions for custodial accounts will be sent to the custodian.

All dividends and capital gains will be reinvested in shares of the Fund unless this box is checked. Please pay all dividends and capital gains in cash.

Mail to Street Address Electronic Deposit (ACH) Send to Brokerage Account

FINANCIAL INSTITUTION

FINANCIAL INSTITUTION MAILING ADDRESS

CITY

STATE

ZIP

BANK ABA# (FOR ACH ONLY)

ACCOUNT #

MUST ENCLOSE A VOIDED CHECK IF IT IS A CHECKING ACCOUNT.

(6)

AUTOMATIC INVESTMENT PLAN (AIP):

AIP permits automatic investments into the Fund by authorizing it to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete this section and attach a voided check. **Note: AIP does not apply to custodial-held accounts.**

MINIMUM TRANSACTION AMOUNTS:

- Class A, I, and Y: \$100 for all share classes

Please transfer \$ _____ from my bank account on the _____ day of the month.

FREQUENCY:

Monthly Quarterly Beginning On

Date

ACCOUNT TYPE:

Checking Savings

NAME OF DEPOSITORY INSTITUTION

DEPOSITORY INSTITUTION MAILING ADDRESS

CITY

STATE

ZIP

BANK ABA# (FOR ACH ONLY)

ACCOUNT #

MUST ENCLOSE A VOIDED CHECK IF IT IS A CHECKING ACCOUNT OR BANK VERIFICATION INFORMATION IF IT IS A SAVINGS ACCOUNT.

IMPORTANT NOTE: IF THE AIP DATE FALLS ON A HOLIDAY OR WEEKEND THE DEDUCTION FROM YOUR CHECKING OR SAVINGS ACCOUNT WILL OCCUR ON THE NEXT BUSINESS DAY.

(7)

REDUCED SALES CHARGES (CLASS A SHARES ONLY)

Complete this section if you qualify for a reduced (or eliminated) sales charge. See Prospectus.

SECTION (7)a - Letter of Intent

You can reduce the sales charge you pay on your Class A shares by investing a certain amount over a 13-month period.

Class A - Please indicate the total amount you intend to invest over the next 13 months:

\$100,000 \$250,000 \$500,000 \$1,000,000 or more

SECTION (7)b

Rights of Accumulation

If you already own Class A shares of the Fund, you may already be eligible for a reduced (or eliminated) sales charge on your purchases. Please provide the account number below to qualify (if eligible).

Existing Account Number

(8)

SIGNATURES (REQUIRED)

- Under penalty of perjury, by signing this Signature Page, I (we) hereby certify (a) I (we) have provided herein my (our) correct Taxpayer Identification Number; (b) I am (we are) not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am (we are) no longer subject to backup withholding; and (c) I am (we are) a U.S. Citizen unless I (we) have indicated otherwise in Section 4.

Each investor must separately sign the Account Application.

- I (we) acknowledge receipt of the final Prospectus of the Fund and agree to be bound by the terms contained therein
- I (we) have full authority and am of legal age to purchase shares of the Fund and confirm that the information contained on this Account Application is complete and accurate. I (we) represent that I am (we are) purchasing the shares for my(our) own account; or, if I am (we are) purchasing shares on behalf of a trust or other entity of which I am (we are) trustee(s) or authorized agent(s), then I (we) have due authority to execute the Account Application/Signature Page and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s).

- I (we) acknowledge the following: the Fund is an illiquid investment and is suitable only for investors who can bear the risks associated with the limited liquidity of the Fund and should be viewed as a long-term investment; the Fund will ordinarily declare and pay dividends from its net investment income and distribute net realized capital gains, if any, once a quarter, however, the amount of distributions that the Fund may pay, if any, is uncertain; the Fund may pay distributions in significant part from sources that may not be available in the future and that are unrelated to the Fund's performance, such as a return of capital and borrowings; and any total return the Fund achieves will be reduced by the applicable fees and expenses for each share class, which will lower investors' return; and I (we) will pay offering expenses and, with regard to those share classes that impose a front-end sales load, a sales load of up to 5.75%, so that I (we) will have to receive a total return at least in excess of these expenses to receive an actual return on my (our) investment.

If Fund shares are being purchased on behalf of an investment company (as that term is defined under the Investment Company Act of 1940), I (we) hereby certify that said investment company will limit its ownership to 3% or less of the Fund's outstanding shares. **BY SIGNING THIS APPLICATION, YOU ARE NOT WAIVING ANY RIGHTS UNDER THE FEDERAL OR STATE SECURITIES LAWS. BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE RECEIPT OF THIS PROSPECTUS, WHETHER OVER THE INTERNET, A PAPER COPY, OR ANY OTHER DELIVERY METHOD.**

IF SECTION 9 IS LEFT BLANK, THIS IS REQUIRED

By checking this box, the Shareholder hereby represents, warrants, and covenants that it possesses the requisite knowledge, experience, and sophistication to evaluate independently the merits, risks, and suitability of investments in securities generally, as well as all transactions, investment strategies, and financial products involving any security or securities offered by or through the Fund, and acknowledges its ability to bear the economic risk of such investments, including the possible loss of its entire investment; and further confirms that it will exercise independent judgment in assessing and evaluating any recommendation, communication, or other information provided by any broker-dealer, investment adviser, or their associated persons, and that it is not relying, and will not rely, on any such broker-dealer or associated person as a primary basis for any investment decision unless it has expressly notified the broker-dealer in writing to the contrary, in which case the Shareholder affirms that any decision to invest in the Fund has been made independently and on the basis of its own analysis.

X

SIGNATURE OF INVESTOR (REQUIRED)

DATE (REQUIRED)

X

SIGNATURE OF JOINT INVESTOR (if applicable)

X

AUTHORIZED SIGNATURE (Custodian or Trustee)

MEDALLION GUARANTEE STAMP (REQUIRED)

MUST BE SIGNED AND SIGNATURE GUARANTEED BY CUSTODIAN(S) IF IRA, KEOGH, QUALIFIED PLAN OR NON-QUALIFIED CUSTODIAL ACCOUNTS. ACCORDANT ODCE INDEX FUND AND ITS AFFILIATES DO NOT ACT AS IRA, KEOGH, QUALIFIED PLAN OR NON-QUALIFIED CUSTODIANS.

(9)

BROKER-DEALER OR REGISTERED INVESTMENT ADVISOR (RIA) (OPTIONAL)

TO BE COMPLETED BY REGISTERED REPRESENTATIVE OR RIA (if you are working with a Registered Representative or RIA, they must sign below to complete the application. If you are not, you can skip this section) The Registered Representative or RIA must sign below to complete the Application. The Registered Representative or RIA warrants that he/she has reasonable grounds to believe this investment is suitable for the investor as set forth in the section of the Prospectus entitled "Investor Suitability" and that he/she has informed the investor of all aspects of liquidity and marketability of this investment.

BROKER-DEALER OR RIA FIRM NAME (REQUIRED)

BROKER-DEALER OR RIA FIRM ADDRESS OR P.O. BOX

CITY

STATE

ZIP

BUSINESS PHONE# (REQUIRED)

FAX #

REGISTERED REPRESENTATIVE(S) OR ADVISOR(S) NAME(S) (REQUIRED)

REPRESENTATIVE#

REGISTERED REPRESENTATIVE OR ADVISOR ADDRESS OR P.O. BOX

BRANCH ID#

STATE

ZIP

CITY

FAX #

BUSINESS PHONE# (REQUIRED)

E-MAIL ADDRESS (Recommended)

CHECK FOR REDUCED PURCHASE PRICE PER SHARE AND WAIVER OF COMMISSION.

SIGNATURE(S) OF REGISTERED REPRESENTATIVE(S) OR ADVISOR(S) (REQUIRED)

(REQUIRED)

DATE (REQUIRED)

SIGNATURE OF BROKER-DEALER OR RIA (IF REQUIRED BY BROKER-DEALER)

DATE (REQUIRED)

I hereby certify that I comply with applicable licensing requirements and I am registered in the following state in which this sale was completed.

STATE

(REQUIRED)

REGISTERED INVESTMENT ADVISOR (RIA) - NO SELLING COMMISSIONS ARE PAID ON THESE ACCOUNTS.

Check only if investment is made through the RIA in its capacity as an RIA and not in its capacity as a Registered Representative, if applicable, whose agreement with the investor includes a fixed or "wrap" fee feature for advisory and related brokerage services. If an owner or principal or any member of the RIA firm is a FINRA licensed Registered Representative affiliated with a broker-dealer, the transaction should be conducted through that broker-dealer, not through the RIA.

MAIL TO:

Regular Mail:
Accordant Investments
 PO Box 219723,
 Kansas City, MO 64121-9723

Overnight Mail:
Accordant Investments
 430 W 7th Street, Suite 219723
 Kansas City, MO 64105-1407

Investors should carefully consider the investment objectives, risks, charges and expenses of the Accordant ODCE Index Fund. This and other important information about the Fund is contained in the prospectus, which can be obtained online by visiting www.accordantinvestments.com.

BENEFICIAL OWNERSHIP INFORMATION

To Be Completed By Entity Investors That are Privately Held Entities

Instructions: Please complete and return this **Exhibit E** and provide the name of every person who is directly, or indirectly through intermediaries, the beneficial owner of 25% or more of any voting or non-voting class of equity interests of the Investor. If the intermediary's shareholders or partners are not individuals, continue up the chain of ownership listing their 25% or more equity interest holders until individuals are listed. If there are no 25% beneficial owners, please write None.

(1) FULL NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

If SHAREHOLDREER OR PARTNER IS AN INDIVIDUAL
(Insert name & address of principal employer and position)

CITIZINSHIP (for individuals) OR PRINCIPAL
PLACE OF BUSINESS (for entities)

(2) FULL NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

If SHAREHOLDREER OR PARTNER IS AN INDIVIDUAL
(Insert name & address of principal employer and position)

CITIZINSHIP (for individuals) OR PRINCIPAL
PLACE OF BUSINESS (for entities)

(3) FULL NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

If SHAREHOLDREER OR PARTNER IS AN INDIVIDUAL
(Insert name & address of principal employer and position)

CITIZINSHIP (for individuals) OR PRINCIPAL
PLACE OF BUSINESS (for entities)

(4) FULL NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

If SHAREHOLDREER OR PARTNER IS AN INDIVIDUAL
(Insert name & address of principal employer and position)

CITIZINSHIP (for individuals) OR PRINCIPAL
PLACE OF BUSINESS (for entities)
