

PLEASE CHECK ALL ACCORDANT ODCE INDEX FUND SHARE CLASSES THAT APPLY:

Acct #

Accordant ODCE Index I Share _____
 Accordant ODCE Index A Share _____
 Accordant ODCE Index Y Share _____

Complete this form and return to address below.

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

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

INSTRUCTIONS Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- CHANGE OF ADDRESS** (Sections 1, 2 & 5) **CHANGE OF REPRESENTATIVE OR BROKER-DEALER** (Sections 1, 3 & 5) **DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1.) CURRENT ACCOUNT OWNER INFORMATION

ACCOUNT NAME(S)

TELEPHONE NUMBER

REGISTERED OWNER'S SSN

2.) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (REQUIRED):

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

If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of address pertains to the:

ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

E-MAIL ADDRESS

3.) CHANGE OF REPRESENTATIVE OR BROKER-DEALER (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) If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may **not** sign as the authorized principal for the broker-dealer. For custodial accounts, a **Medallion Guarantee stamp or appropriate** authorization from custodian is required in section 5.

FIRM NAME

REGISTERED REPRESENTATIVE

FIELD REPRESENTATIVE NUMBER

BRANCH ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

SIGNATURE BY
 AUTHORIZED PRINCIPAL
 REQUIRED

4.) DISTRIBUTION INSTRUCTIONS

Investor Services must be in receipt of this form 30 days prior to declaration of the distribution. This authorization will supersede any previous distribution instructions.

PLEASE SELECT ONE:

PLEASE CHECK ALL THAT APPLY:

- Elect Direct Deposit/Change Banking Information
- Discontinue Direct Deposit
- Elect Distribution Reinvestment Plan
- Discontinue Distribution Reinvestment Plan
- Mail Distribution Checks to Address of Record
- Mail Distribution Checks to Financial Institution

- Direct Deposit is not available for investments made through brokerage or custodial held accounts.
- When initiating Direct Deposit, you are required to submit either a voided check or letter from the designated financial institution which verifies the direct deposit instructions.
- By electing to have my distributions reinvested in the Distribution Reinvestment Plan, I agree that I have read the Prospectus and have reviewed the Distribution Reinvestment Plan for the investment designated above.
- Changes to custodial accounts require a Medallion Guarantee stamp or appropriate authorization from the custodian.

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

DIRECT DEPOSIT INFORMATION

The above referenced investment(s) is (are) authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until the above referenced investment(s) has/have notified us that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

Select One:

9-DIGIT ROUTING/ABA NUMBER (see example)



5.) SIGNATURES

All Registered Account Owners are Required to Sign

ACCOUNT OWNER SIGNATURE

DATE

MEDALLION GUARANTEE STAMP REQUIRED

X

JOINT ACCOUNT OWNER OR AUTHORIZED SIGNATURE OF CUSTODIAN

DATE

X

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.