accordant

AUTOMATIC INVESTMENT PLAN (AIP) ENROLLMENT/UPDATE FORM

NOTE: AIP is not available for investments made through a custodian or brokerage firm

An automatic investment plan (AIP) permits automatic investments into the **Accordant ODCE Index Fund** (the"Fund") by authorizing it to deduct money directly from your checking account periodically on a monthly or quarterly basis. Please complete this form to specify the frequency of such investments, the amount to be invested during each period, and the date on which the investment is to be made. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please attach a voided check.

THE FUND WILL SEND YOU (THE INVESTOR) CONFIRMATION OF EACH PURCHASE.
Complete all four of the following sections and then submit the completed form by fax or mail using the included instructions. If you have any questions, contact investor services at 888-778-7781

(1) INVESTOR INFORMATION (REQUIRED)

NAME OF INVESTOR OR TRUSTEE **(REQUIRED)**

NAME OF JOINT INVESTOR

EXISTING ACCORDANT ODCE INDEX FUND ACCOUNT NUMBER **(REQUIRED)**

INVESTOR SOCIAL SECURITY NUMBER / TAX IDENTIFICATION NUMBER

INVESTOR PHONE NUMBER

(2) TYPE OF AUTOMATIC INVESTMENT PLAN (AIP) UPDATE (REQUIRED)

I want to:

- ☐ Add an automatic investment plan
- ☐ Update an existing automatic investment plan
- ☐ Cancel an automatic investment plan

(3) AUTOMATIC INVESTMENT PLAN (AIP):

Please transfer $ ____________ from my bank account.

- ☐ **Monthly on the _______ day of the month**
- ☐ **Quarterly on the _______ day of the _______ month of the quarter**

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.

Information about my bank account:

- ☐ **Checking**
- ☐ **Savings**

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

NAME OF FINANCIAL INSTITUTION

FINANCIAL INSTITUTION MAILING ADDRESS

CITY

STATE

ZIP CODE

BANK ROUTING / ABA NUMBER (FOR ACH ONLY)

BANK ACCOUNT NUMBER

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(4) INVESTOR SIGNATURES (REQUIRED)

- Under penalty of perjury, by signing this signature page, I/we herby certify (a) I/we have provided herein my/our correct Social Security or Tax Payer Identification number(s); (b) I am/we are not subject to backup withholding as long as a result of failure to report all interests or dividends, or the Internal Revenue Service has notified me/us that I am/we are no longer subject to backup withholdings; and (c) I am/we are a U.S. Citizen(s) unless I/we have indicated otherwise in the previously executed and submitted Account Application.

  Each investor must separately sign the Automatic Investment Plan Signature Page.

- 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 I am/we are 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(s); 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 Automatic Investment Plan Signature Page and do hereby 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 for investors who can bear the risks associated 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 return of capital borrowings; and any total return the Fund achieves will be reduced by the applicable fees and expenses from 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.

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.

x		
SIGNATURE OF INVESTOR **(REQUIRED)**	DATE **(REQUIRED)**	
x		
SIGNATURE OF JOINT INVESTOR (if applicable)	DATE **(REQUIRED)**	MEDALLION GUARANTEE STAMP REQUIRED

Once you complete and sign the form, submit it for processing by:

FAX *OR* **MAIL**

Fax the completed form to:

833-742-3074

Alternatively, you can mail the completed form using the following information.

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

If you have any questions, please contact investor services at 888-778-7781