

Account Options Form

Regular Mail: Carillon Family of Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701

Overnight Delivery: Carillon Family of Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-<u>5207</u>

For additional information please call toll-free at 1-800-421-4184 or visit us on the web at www.carillontower.com.

Important: This form is used to make changes to your existing account(s). Please read the Carillon Family of Funds prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

Account Information | If address for Joint Owner(s)/Authorized Signer(s) is identical, please write "Same".

□ If this box is checked, I/we give Carillon Family of Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all owners must be included in the Signatures section in order for this change to be valid.

NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY	SOCIAL SECURITY / TAX ID NUMBER	PHONE NUMBER
STREET ADDRESS	CITY / STATE / ZIP	
NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	SOCIAL SECURITY / TAX ID NUMBER	PHONE NUMBER
STREET ADDRESS	CITY / STATE / ZIP	
NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	SOCIAL SECURITY / TAX ID NUMBER	PHONE NUMBER
STREET ADDRESS	CITY / STATE / ZIP	
Please indicate account(s) that require change:		
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

1 Type of Change | Check all that apply.

- Telephone/Online Options complete the Telephone Options, Bank Information (if applicable), and Signatures sections
- □ Bank Information (Existing telephone options will be carried over if the Telephone Options section is not completed), complete the Telephone Options, Bank Information, and Signatures sections.
- □ Capital Gains & Dividend Options complete the Bank Information section (if applicable), Capital Gain & Dividend Options, and Signatures sections.
- Systematic Options complete the Bank Information section (if applicable), Systematic Options | Automatic Investment Plan, Systematic Options | Systematic Withdrawal Plan, and Signatures sections.

2 Telephone Options

Please complete the Bank Information section for purchase or redemption via a bank checking or savings account if bank information has not already been established.

□ Telephone/Online Purchase via Automated Clearing House (ACH)

□ Telephone/Online Exchange

Telephone/Online Redemption By: □ Wire*** Check to Address of Record

* Signature authentication may be required to establish options per the Fund's prospectus.

** Refer to your Fund's prospectus for information relating to fees for proceeds sent via federal wire.

***Refer to your Fund's prospectus for information relating to online transaction abilities as it is not an option for every fund.

3 Bank Information* | Check appropriate action and attach preprinted, voided check or preprinted deposit slip.

Add Bank Information (Existing telephone options will be carried over if the Telephone Options section is not completed).

Change Existing Bank Information (Existing telephone options will be carried over if the Telephone Options section is not completed)

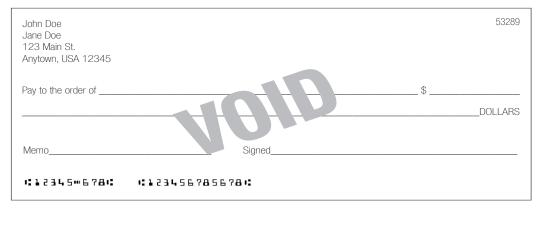
Remove Existing Bank Information: No longer valid as of _

Note: Your bank information will be removed if no date is specified.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below.

Account Type: □ Checking □ Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)



* Adding or changing bank information may require signature authentication per the Fund's prospectus.

** Please be advised that signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in the Bank Account Owner(s) Signatures and Signature Guarantee section and obtain a signature guarantee.

Capital Gain and Dividend Options

*Cash distributions should be paid by (s	select one):	Capital	Gains	Divide	nds
Check to Address of Record C ACH to	Bank of Record	Reinvest	Cash*	Reinvest	Cash*
FUND NUMBER	ACCOUNT NUMBER				
FUND NUMBER	ACCOUNT NUMBER				
FUND NUMBER	ACCOUNT NUMBER				

*If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you have valid bank information currently on record. If adding or changing bank information, please complete the Bank Information section.

5 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow up to 15 business days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

	Purchase with: Bank Account	
FUND AND ACCOUNT NUMBER		
AIP START DATE (MONTH/YEAR)	DAY(S) OF THE MONTH DOLLA	R AMOUNT
NOTE: The AIP will be purchased on the date requested of	⁻ first business day after.	
Frequency (check one): A Monthly Quarterly Se	ni-Annually 🖵 Annually	
B Update Existing AIP		
Note: This form must be received at least 5 days prior to the your transaction. If you are changing your bank information please indicate		-
Stop Immediately Specific Date	(Note: Your AIP will be stopped imm	ediately if no date is specified)
	Purchase with: Bank Account	
FUND AND ACCOUNT NUMBER		
	\$	
AIP START DATE (MONTH/YEAR)		AR AMOUNT
NOTE: The AIP will be purchased on the date requested of	r first business day after.	
Frequency (check one): Monthly Quarterly Se		
*Please complete the Bank Information section if new ban	R Information is being used for the Automation	c Investment Plan
6 Systematic Options Systematic Withdrawa		
		SWP will be withdrawn on the date or the first business day after.
FUND AND ACCOUNT NUMBER		or the first business day after.
	requested c	
FUND AND ACCOUNT NUMBER SWP START DATE (MONTH/YEAR) Frequency (check one): Monthly Quarterly Se	DAY(S) OF THE MONTH	
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Stop Systematic Withdrawl Plan

DATE FOR STOP (MM/DD/YYYY)

Note: Must be received and processed at least 3 business days before SWP date.

Signature & Certification

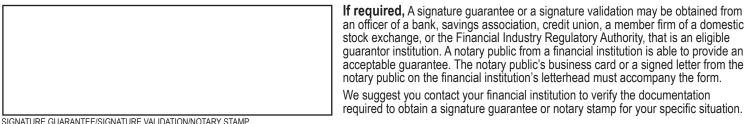
I have read and understand the prospectus for the Carillon Family of Funds. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected account.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
Х	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)

*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.



SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP

8 Bank Account Owner Signature(s) and Signature Guarantee (see Bank Information section)

If the bank information provided in the Bank Information section does not list a registered account owner, trustee, or authorized signer as a bank account owner, ALL bank account owners must sign below and obtain a signature guarantee.

X	X
SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF BANK ACCOUNT OWNER
	We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.