HAMLIN
CAPITAL MANAGEMENT, LLC

Change of Account Ownership Form — Hamlin High Dividend Equity Fund **For Assistance Call: 1-855-HHD-FUND**

Please complete all sections and mail form to the address provided below.

This form may be used to change the ownership of an existing account or transfer shares from an existing non-retirement account into a new or existing non-retirement account. **All transfers to a new account will require a New Account Application.**

1 CURRENT ACCOUNT INFORMATION

Please print or type clearly.

ACCOUNT OWNER'S NAME _____ JOINT ACCOUNT OWNER'S NAME (IF APPLICABLE) _____

RESIDENTIAL ADDRESS _____

DAYTIME PHONE NUMBER _____

FUND NAME(S) _____ ACCOUNT NUMBER _____

2 RECEIVING ACCOUNT INFORMATION

Please select one of the following:

❒ Transferring to a New Account **(A completed New Account Application will be required)**.

❒ Transferring to an Existing Account #_____

3 REASON FOR OWNERSHIP CHANGE

(Please provide the reason for the change of ownership/transfer of shares). **If a reason is not provided this transfer will be defaulted to a transfer due to gift.**

Re-registration:

❒ Change of Ownership due to Divorce*

❒ Change of Ownership on a Trust Account*

❒ Change from an Individual to a Joint Account*

❒ Change of Custodian/Guardian (UGMA/UTMA)

❒ Change of Ownership from an Individual or Joint Account to a Trust Account*

❒ Change of Ownership Minor has reached age of majority (UGMA/UTMA)*

❒ Change of Registration to a Transfer on Death (TOD) Account*

❒ Change the Trustee on a Trust Account

❒ Inheritance* (due to death of shareowner):

Date of Death:_____/_____/_____(required)

Alternate Date:_____/_____/_____

or Alternate Value $_____(optional)

There is a special rule under the estate tax that allows the executor (the person in charge of the estate) to elect a different valuation date in certain cases. Please consult your tax advisor for more information.

❒ Gift:

Date of Gift:_____/_____/_____

Fair Market Value Acceptance _____
(signature of new owner)

If the recipients existing account or new account will use the Average Cost accounting method, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares should be transferred at a loss.

***A completed New Account Application is required.**

4 COST BASIS INFORMATION— TRANSFER OVERRIDE OPTIONS

The cost basis method that is currently on your account will be utilized to deplete the shares for this transaction unless you provide specific share lots or provide an alternate election method.

❒ **First-In First-Out**

❒ **Last-In First-Out**

❒ **High Cost**

❒ **Low Cost**

❒ **Loss/Gain Utilization**

If the share amount does not cover the depletion of the transfer, your secondary method or elected method may be utilized to complete this transfer. This is only necessary for partial transfers.

❒ **Specific Lot Depletion**

Date of Purchase:_____/_____/_____ Number of Shares_____

Date of Purchase:_____/_____/_____ Number of Shares_____

Date of Purchase:_____/_____/_____ Number of Shares_____

If you have shares transferred that were purchased prior to January 1, 2012 (non-covered shares), we may be able to provide you an average cost for these shares upon depletion.

This information will be provided to you on your 1099-B and you can choose to use this information for your taxes. This information will not be provided to the IRS.

❒ Yes, please provide average cost information on my non-covered shares when available. I understand that non-covered shares will be redeemed first and that covered shares will be redeemed using the method elected above; after all non-covered shares have been depleted. I understand that if I chose Specific Lot I will not be eligible to receive average cost on my non-covered shares.

5 AMOUNT TO TRANSFER

Please choose one of the following options.

❒ Transfer all shares of the fund/account specified in Section 1.

❒ Partial Transfer: $_____ or _____ shares of the fund/account specified in Section 1.

❒ Transfer shares from multiple fund/accounts. (Please list the accounts and share amounts below):

FUND NAME _____ ACCOUNT NUMBER _____ SHARE AMOUNT _____

FUND NAME _____ ACCOUNT NUMBER _____ SHARE AMOUNT _____

6 SIGNATURES AND AUTHORIZATION

In order to complete your request, the required number of authorized signers must sign below exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title), a Medallion Signature Guarantee will be required.

A **Medallion Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A Medallion Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

The Fund participates in the Paperless Legal Program. Requests received with a Medallion Signature Guarantee will be reviewed for the proper criteria to meet the guidelines of the Program and may not require additional documentation.

By signing below, the owner(s) of the above referenced account(s) hereby authorizes the change of account ownership or transfer of shares specified in this form.

ACCOUNT OWNER'S SIGNATURE AND DATE

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

JOINT ACCOUNT OWNER'S SIGNATURE AND DATE

CAPACITY (IF ACTING ON BEHALF OF THE ACCOUNT OWNER)

Please return the completed form to the address below:

Regular mail:

Hamlin High Dividend Equity Fund
P.O. Box 219009
Kansas City, MO 64121-9009

Overnight:

Hamlin High Dividend Equity Fund
c/o SS&C GIDS, Inc.
801 Pennsylvania Ave
Suite 219009
Kansas City, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 1-855-HHD-FUND.

Affix Medallion Signature Guarantee stamp.

Affix Medallion Signature Guarantee stamp.

Certification Regarding Beneficial Owners of Legal Entity Customers

TO BE COMPLETED ALONG WITH THE APPLICATION FOR THE FOLLOWING ENTITIES TYPES: a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

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b. Name and Address of Legal Entity for Which the Account is Being Opened:

_____

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

(If no individual meets this definition, please write "Not Applicable.")

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____