



Chiron Capital Allocation Fund — Non-IRA Redemption Form

For Assistance Call: 877-9-CHIRON

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

This form may be used to request a redemption from your Chiron Capital Allocation Fund non-retirement account. Please refer to the Chiron Capital Allocation Fund's Prospectus for additional information regarding redemptions.

1 ACCOUNT INFORMATION

Please print or type clearly.

Account Owner's Name Joint Account Owner's Name (if applicable)

Residential Address

Daytime Phone Number

List only the account(s) from which you would like the redemption taken.

Table with 3 columns: Fund Name/Number, Account Number, Redemption Amount (see Section 2 below). Three rows for listing accounts.

2 REDEMPTION AMOUNT

Please select one of the following.

- Partial redemption \$ or shares per fund/account. If redeeming multiple fund/accounts please indicate if amounts should be different in Section 1.
Full redemption per fund/account

3 COST BASIS ACCOUNTING METHOD

Please select one of the following.

On October 3, 2008 the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers and the IRS.

Chiron Capital Allocation Fund will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). The cost basis accounting method on your account will be used to deplete the shares for this transaction unless you provide specific share lots or an alternate election method.

- First-In First-Out Low Cost
Last-In First-Out Loss/Gain Utilization
High Cost

Specific Lot Depletion

Date of Purchase: / / Number of Shares

Date of Purchase: / / Number of Shares

Date of Purchase: / / Number of Shares

4 METHOD OF PAYMENT

Please select one of the following.

- Send my redemption check to my address of record.*
Send my redemption check to an address other than my address of record, information provided below.*

Payee Name

Street Address or P.O. Box

City, State, Zip

- Send my redemption proceeds to my bank. (In order for us to send the proceeds to your bank please select one of the following methods. If bank instructions are not already on file, please attach a pre-printed, voided check and provide a Medallion Signature Guarantee in Section 5).
ACH (requires up to three business days, at no charge).
Fed Wire (next day, may be subject to an additional charge of \$10.00, deducted directly from the redemption proceeds)

Attach Voided Check Here

Bank's Name

Bank Routing Number Checking or Savings

Account Registration Account Number

* A Medallion Signature Guarantee is required in Section 5 if you request a redemption to be sent to an address other than the address of record, the check is not made payable to the registered owner, the address of record has been changed within the last 30 days, or the above bank instructions are different than the bank of record.

5 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)

Return the completed form to the address below:

Regular Mail:

Chiron Capital Allocation Fund
P.O. Box 588
Portland, ME 04112

Overnight:

Chiron Capital Allocation Fund
c/o Atlantic Fund Services, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at 877-9-CHIRON.

**Affix Medallion Signature
Guarantee stamp.**

**Affix Medallion Signature
Guarantee stamp.**