



AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT TO A KEELEY funds ACCOUNT

Please complete this application and give it to your payroll department to establish your Payroll Direct Deposit Plan (the "Plan") with the KEELEY funds. The Plan allows you to set up automatic deposit of all or a part of your paycheck to your KEELEY funds account. Before completing this application, check with your payroll department regarding the availability of this service through the Automated Clearing House. Please print all information except signatures. **Note: you must have an existing account before establishing payroll deduction.**

1. EMPLOYEE/EMPLOYER INFORMATION

Employee's name _____

Employee's payroll number if different than Social Security number _____

Employer's name _____

()
Employer's phone number _____

Employer's address _____

City _____ State _____ Zip _____

2. AMOUNT OF INVESTMENT

Amount to be invested each pay period: ◀ \$ _____ (minimum \$100) **OR** ▶ Total net pay

You may change this amount at any time by notifying your payroll department.

3. ACCOUNT INFORMATION

All Payroll Direct Deposits to retirement accounts will be reported as current year contributions.

KEELEY funds registered owner(s) _____ Evening phone number _____

() _____

Social security number _____

Name of KEELEY funds to receive investments _____

Address _____

88 - □ □ □ □ - **0** - □ □ □ □ □ □ □ □ □ □
Account number from your KEELEY funds account statement

City _____ State _____ Zip _____

Routing number for employer reference only:
075000022

()
Daytime phone number _____

If you would like to have an additional payroll direct deposit into another KEELEY funds account, please fill out a separate application.

4. SIGNATURE

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in section 2 and transmit that amount to the KEELEY funds account number indicated in section 3. Investments will be made at the then current net asset value of the KEELEY funds indicated herein including any applicable sales charge. All instructions under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my KEELEY funds account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the KEELEY funds and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against the KEELEY funds or its transfer agent for following the instructions of my employer. The availability of funds in my KEELEY funds account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

Employee's signature Date

Submit this completed form to your payroll department.

Signature of payroll department representative Date

Name of payroll department representative (please print)