



Authorization for Payroll Direct Deposit to a KEELEY funds Account

Mail To: **KEELEY funds**
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: **KEELEY funds**
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

Please complete this application and give it to your payroll department to establish your Payroll Direct Deposit Plan (the "Plan") with **KEELEY funds**. The plan allows you to set up automatic deposit of all or 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

<input type="text"/> EMPLOYEE'S NAME	<input type="text"/> EMPLOYEE'S PAYROLL NUMBER IF DIFFERENT THAN SOCIAL SECURITY NUMBER
<input type="text"/> EMPLOYER'S NAME	<input type="text"/> EMPLOYER'S PHONE NUMBER
<input type="text"/> EMPLOYER'S ADDRESS	
<input type="text"/> 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.

<input type="text"/> KEELEY FUNDS REGISTERED OWNER(S)	<input type="text"/> EVENING PHONE NUMBER
<input type="text"/> SOCIAL SECURITY NUMBER	<input type="text"/> NAME OF KEELEY FUNDS TO RECEIVE INVESTMENTS
<input type="text"/> ADDRESS	88- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 0 - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> CITY/STATE/ZIP	ACCOUNT NUMBER FROM YOUR KEELEY FUNDS ACCOUNT STATEMENT
<input type="text"/> DAYTIME PHONE NUMBER	ROUTING NUMBER FOR EMPLOYER REFERENCE ONLY 075000022

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 **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 without notice. I understand and agree to the terms set forth herein.

EMPLOYEE'S SIGNATURE

DATE (Mo / Dy / Yr)

Submit this completed form to your payroll department

SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE

DATE (Mo / Dy / Yr)

NAME OF PAYROLL REPRESENTATIVE (PLEASE PRINT)