



Account Preferences Change Form

- Use this form to add or change account preferences and options on your existing mutual fund account
- Please complete separate forms for accounts that are not identically registered
- If your change requires a Medallion Signature Guarantee stamp, Guarantee stamp, the original form must be mailed

1. ACCOUNT INFORMATION (*Required Information)

Name of Fund*		Account Number*	
Owner's Name* (First, M.I., Last)		Joint Owner's Name* (First, M.I., Last)	
Street Address (Physical Address)*		Street Address (Physical Address)*	
Telephone Number	Date of Birth	Telephone Number	Date of Birth

2. ADDRESS UPDATE

Mailing Address	City	State	Zip Code
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NOTE: If you are using a P.O. Box for a mailing address you must also include your physical street address

Street Address	City	State	Zip Code
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New Telephone Number	Cell Phone	Home Phone
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NOTE: Resumptions to a newly updated address will require the request to come in writing with a Medallion Signature Guarantee. Please see the Fund's prospectus for details regarding potential restriction periods.

Add Interested Party to receive statements

Name			
Mailing Address	City	State	Zip Code

3. TELEPHONE PRIVILEGES

Redemption by phone	Allow	Do Not Allow
Exchange by phone	Allow	Do Not Allow

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Dividends
Capital Gains

Reinvest Cash*
Reinvest Cash*

*If 'Cash' is selected, please indicate how you would like your distributions to be paid. If no selection is made we will default to mail a check to your address of record.

- Mail a check to my address of record
- Send my Dividends and Capital Gains to the bank account listed in Section 6.
- Reinvest my Dividends and Capital Gains in to an additional existing account

Account Number

Fund Name

5. NAME CHANGE

Please update the name on my account from

to my new name

*Please include of copy of your court documents (for example, Marriage Certificate, Divorce Decree, etc...) that certify your name change. If no supporting documents are included, you must sign Section 9 in both your old and new name and contain a Medallion Signature Guarantee.

****Your signature in section 8 must include a Medallion Signature Guarantee (MSG) if your account balance is over \$100,000.00**

6. BANK INFORMATION

Request Type Adding new bank information to my account
Change the existing bank information on my account

NOTE: Redemptions to a newly added or updated bank account will require the request to come in writing with a Medallion Signature Guarantee. Please see the Fund's prospectus for details regarding potential restriction periods.

Account Type: Checking Savings

Please attach a voided check for your bank account. We are unable to update or add a new bank account unless we receive a voided check for bank verification.

Note: Temporary or starter checks are not accepted.

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Attach your voided or preprinted check	_____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

7. COST BASIS ELECTIONS

Use this section to elect or change a method of cost basis calculation for shares purchased in a non-IRA account. Cost basis and gain/loss information from sales of these shares will be reported to you and the Internal Revenue Service (IRS). You will need to report capital gains/losses to the IRS when you file your taxes.

Please note: Neither Ultimus Fund Solutions, LLC (UFS), nor its representatives are legal or tax advisors. Before making any financial commitment or decisions regarding the issues discussed here, consult with the appropriate professional advisor.

UFS' default cost basis calculation method is Average Cost. Unless you elect a specific cost method in this section or at the time of your transaction (if applicable), UFS' default method will apply on taxable transactions that occur in your account from shares purchased.

Average Cost

First-In, First-Out

Last-In, First-Out

High Cost In, First-Out

Highest Cost Long-Term In, First Out

Highest Cost Short-Term In, First Out

Lowest Cost In, First Out

Lowest Cost Long-Term In, First Out

Lowest Cost Short-Term In, First Out

Specific Share Identification*

NOTE: If you would like to select a different cost basis method for each fund in your account, please provide that information on a separate sheet with the date and your signature.

*If you choose Specific Share Identification and do not provide specific instructions in good order at the time of each sale (including systematic withdrawals), we will default to the First In First Out method.

Please apply the above changes to future purchases only

Please apply the above changes for future purchase as well as for current cost basis sharelots (if applicable)

8. TRUSTED CONTACT

Designating a trusted contact is not required and does not authorize the named individual to make trades in your account or to make changes to your account, but it does authorize us to communicate with the trusted contact regarding the account.

By providing the information in this section, I authorize VanEck CLO Opportunities Fund to contact the person listed below and to disclose information about me and the account in the following circumstances: to prevent the presumption of abandonment, to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney or as otherwise permitted by federal law

Note:

- There can be only be one trusted contact per account.
- Your trusted contact should not be the financial professional on record.

Full Name of Trusted Contact

Mailing Address (Including apartment or P.O. Box number)

City

State

ZIP

Foreign Routing or Postal Code

Country of Residence if outside the U.S.

Cell Phone Number

Email Address

Relationship to Account Owner

9. SIGNATURE AND MEDALLION SIGNATURE GUARANTEE

I authorize the Fund and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expenses for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated are genuine.

By signing and including bank information, I authorize credits/debits to/from the bank account referenced in conjunction with the account option(s) selected. I agree that Ultimus Fund Solutions, LLC shall be fully protected in honoring any such transaction. I also agree that Ultimus Fund Solutions, LLC may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options elected will become part of the account application and the terms, representations and conditions thereof.

All Account Owners Must Sign

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if applicable)

Date

Note: Please sign your name exactly how it appears in the registration.

If requesting a name change in Section 5, please sign in your old name

Signature of Owner

Date

A Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, credit union, national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. The stamp must also contain the letter prefix (A, B, C, D, E, F, X, Y or Z) that identifies the grantor's maximum surety amount, and that bond must cover the amount of the requested transaction. Please note that a Notary Public stamp is not acceptable.

Medallion Signature Guarantee

OR

Signature Validation Stamp

Medallion Signature Guarantee

OR

Signature Validation Stamp

10. MAILING INSTRUCTIONS

Please send completed form to:

Regular Delivery

VanEck CLO Opportunities Fund
P.O. Box 46707
Cincinnati, OH 45246

Overnight Delivery

VanEck CLO Opportunities Fund
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Fax

402-609-7043