



Change of Beneficiary Form

- Use this form to add or change beneficiaries on your retirement account(s)

1. INVESTOR INFORMATION (*Required Information)

Fund Family Name*

Owner's Name* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)*

City*

State*

Zip Code*

Account Number*

Telephone Number*

2. BENEFICIARY DESIGNATION

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

1.	Beneficiary Name	Relationship	Primary Contingent
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Date of Birth:	Share %:
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2.	Beneficiary Name	Relationship	Primary Contingent
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Date of Birth:	Share %:
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3.	Beneficiary Name	Relationship	Primary Contingent
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Date of Birth:	Share %:
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4.	Beneficiary Name	Relationship	Primary Contingent
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Date of Birth:	Share %:
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5.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	
6.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	
7.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	
8.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	
9.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	
10.	Beneficiary Name	Relationship	Primary Contingent
	Date of Birth:	Share %:	

3. SPOUSAL CONSENT

This section should be completed if any marital or community property interest exists in the aforementioned account(s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I am not married. I understand that if I become married in the future, I must complete a new designation of beneficiary form.

I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me, the Fund Company or Ultimus Fund Solutions, LLC.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse

Date:

Community property states include but are not limited to: AZ, CA, ID, LA, NV, NM, TX, WA and WI

4. ACKNOWLEDGEMENT AND SIGNATURE

In the event of my death, pay any interest I have in my account to the designated primary beneficiary(ies) that survive(s) me in the proportions specified in Section 2 above. If any primary beneficiary predeceases me, his/her share will be divided among the remaining primary beneficiaries who survive me in the relative proportions assigned to each surviving primary beneficiary.

If no primary beneficiary survives me, pay the contingent beneficiary(ies), if any, in the proportions specified in Section 2 above. If a contingent beneficiary predeceases me, his/her share will be divided among the remaining contingent beneficiaries who survive me in the relative proportions assigned to each surviving contingent beneficiary.

I understand that if I do not designate beneficiaries, or if no primary or contingent beneficiary survives me, any amount remaining in my account will be distributed to my estate (unless otherwise required by the laws of the state of my residence). I also understand and agree that: (i) this designation revokes any prior designations of primary and contingent beneficiaries, and (ii) I may change the beneficiaries designated above at any time by completing a new Change of Beneficiary Form. All subsequent changes will be effective when proper documentation is received and accepted by the Fund Company or its agents.

Signature of Owner

Date

5. 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