WASATCH FUNDS

Account Privileges Change Form

Overnight Delivery:
Wasatch Funds
803 W. Michigan St., Suite A
Milwaukee, WI 53233-2301

Regular Mail:
Wasatch Funds
P.O. Box 2172
Milwaukee, WI 53201-2172

1. CURRENT ACCOUNT INFORMATION

Changes will apply to the following accounts:

Fund _____ Account Number _____

Fund _____ Account Number _____

Fund _____ Account Number _____

Fund _____ Account Number _____

Fund _____ Account Number _____

Fund _____ Account Number _____

Social Security Number or Tax Identification Number _____

2. TELEPHONE OPTIONS

A Medallion signature guarantee is required to add telephone exchange or redemption privileges.

❑ Add ❑ Delete

❑ **Telephone Exchange.** Allows exchanges between identically registered Wasatch Funds and WA-Federated Money Market Accounts. A $2,000 minimum applies to new accounts opened by exchange; a $500 minimum applies to exchanges between existing accounts.

❑ **Telephone Redemption.** Permits the redemption of a minimum of $500 and a maximum of $50,000. A minimum of $500 must remain in your account to keep it open.

3. AUTOMATIC INVESTMENT PLAN

If you are adding or changing your bank information, please complete Section 5.

Minimum additions to any fund are $100 quarterly; $50 monthly. Automatic investments can be made on the 5th and/or 20th of each month.

I would like to: ❑ Add Automatic Investment Plan ❑ Change Existing Automatic Investment Plan

❑ Monthly ❑ Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)

_____
Begin investment on mm/yy

❑ 5th ❑ 20th _____ $ _____
Fund Amount

❑ 5th ❑ 20th _____ $ _____
Fund Amount

❑ 5th ❑ 20th _____ $ _____
Fund Amount

Your automatic investment will be withdrawn directly from your checking or savings account named in Section 5 on the date you have selected or the first business day thereafter. You will be assessed a $20 fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 20th of each month.

If you would like to change the amount or frequency of your existing automatic investment plan, contact a shareholder services representative.

4. SYSTEMATIC WITHDRAWAL PLAN

If you are adding or changing your bank information, please complete Section 5. Minimum withdrawal for a Systematic Withdrawal Plan is $50.

❑ Monthly ❑ Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)

❑ Semi-annually (indicate month to start) ❑ Annually (indicate month)

_____
Begin systematic withdrawal on mm/yy

❑ 5th ❑ 20th $
Fund Amount

❑ 5th ❑ 20th $
Fund Amount

❑ 5th ❑ 20th $
Fund Amount

Payment Method (check one)

❑ Check to Address of Record ❑ Bank Information Currently on Account ❑ New Bank Information

Provisions of the Systematic Withdrawal Plan

Wasatch Funds' Systematic Withdrawal Plan is available for any shareholder account worth at least $5,000.

By completing this form, you are appointing Wasatch Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5th and/or 20th of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

5. BANK INFORMATION

This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. If you are adding or changing bank information after your account has been established, a Medallion signature guarantee is required.

I would like to: ❑ Add Bank Information ❑ Change Existing Bank Information

For savings accounts, provide your bank's ABA number and savings account number below.

Bank Name

Bank Address

Routing Number Account Number

Name(s) on Bank Account

Account Type

❑ Checking Account

❑ Savings Account

I authorize the bank listed above for:

❑ Electronic Funds Transfer (takes 2 – 3 business days)

❑ Wire ($15.00 Fee – takes 1 business day)

6. SIGNATURE(S) AND CERTIFICATION

I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

I further acknowledge that the Wasatch Funds are distributed by ALPS Distributors, Inc. The WA-Federated Money Market Account is distributed by Federated Securities Corp. and offered by a separate prospectus. The WA-Federated Money Market Account and Federated Securities Corp. are not affiliated persons of the Wasatch Funds or their investment adviser, Wasatch Advisors, Inc. Through an agreement with Federated Securities Corp. and/or its affiliates, Wasatch Advisors, Inc. is providing administrative and recordkeeping services for the WA-Federated Money Market Account.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

I acknowledge and consent to the delivery of a single "shared" copy of each prospectus and shareholder report to me and all other shareholders who share my address. I understand that I may revoke my consent at anytime by calling a shareholder services representative at 800.551.1700 or by writing to Wasatch Funds.

I certify that I am not a Foreign Financial Institution as defined in the USA PATRIOT Act.

All registered owners, officers, partners, trustees or custodian must sign.

Signature of Individual, Trustee, Custodian — Date

Signature of Joint Owner, Co-Trustee(s), Partner(s), Other — Date

Signature of Joint Owner, Co-Trustee(s), Partner(s), Other — Date

7. MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan, or other eligible guarantor institution.

A notarization from a notary public or a signature guarantee is not acceptable.

Medallion Signature Guarantee

Stamp here