



POMONA INVESTMENT FUND

ACCOUNT MAINTENANCE FORM

RETURN TO

Pomona Investment Fund
c/o UMB Fund Services
PO Box 2175
Milwaukee, WI 53201

OVERNIGHT DELIVERY

Pomona Investment Fund
c/o UMB Fund Services
235 W. Galena Street
Milwaukee, WI 53212

INVESTOR SERVICES

Toll-Free Number:
844-2-POMONA (844-276-6662)
Fax: 816-860-3140

Processing time is approximately 3-5 business days once received in good order at our Transfer Agent, UMB Fund Services

This form may be used to make the following changes:

- | | |
|------------------|---|
| Section 2 | Change or correction of address of record |
| Section 3 | Add an alternate address where duplicate tax forms and/or investment statements may be sent |
| Section 4 | Change of distribution election – Custodial accounts require custodial authorization |
| Section 5 | Update financial advisor information – Custodial accounts require custodial authorization |
| Section 6 | Enroll in e-delivery |
| Section 7 | All client signatures are required – If any changes are made to Sections 4 or 5 for custodial accounts, custodial authorization is required |

Section 1 – Investor Information

Investor Name _____

Investor Account Number _____

**Social Security/
Taxpayer ID Number** _____

Joint Owner Name _____

**Social Security/
Taxpayer ID Number** _____

Section 2 – Change of Address

New Physical Address

(Street)

(City/State) (Zip Code)

(Phone Number)

New Mailing Address (if different than physical address)

(Street)

(City/State) (Zip Code)

Section 3 – Duplicate Statement Delivery

Used to have duplicates of tax and/or investor statements sent to an additional addressee.

Mail a duplicate of all mailings to the additional addressee Full Name _____

Mail a duplicate of only tax statements to the additional addressee Address _____

Mail a duplicate of only investor statements to the additional addressee City _____ State _____ ZIP _____

Section 4 – Change of Distribution Election

Distribution Instructions *(Reinvestment required for IRAs)*

- I choose to have all distributions reinvested in Shares of the Fund
- I choose to have all distributions sent electronically to the following financial institution:

I authorize the Fund and its agents to deposit my distribution to the account indicated below. This authority will remain in force until I notify the Fund in writing to cancel this authorization. In the event that the Fund deposits funds erroneously into my account, the Fund is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that money and/or the shares in my account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the Fund, its affiliates, its agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of Financial Institution	Account Type	
Mailing Address	City/State	Zip Code
ABA Routing Number	Account Number	

Section 5 – Update Financial Advisor Information

New RIA Firm/Broker Dealer Firm Name	Branch Number
New Investor Representative/Financial Advisor Name (First, Middle, Last)	Advisor Number
Phone Number	Email Address

By signing below, the undersigned:

- Certifies that she/he is a broker, financial advisor or other investor representative duly licensed or exempt from licensing and lawfully able to sell Shares in the jurisdiction of the legal residence of the investor.
- Represents and warrants that she/he has reasonable grounds to believe that an investment in Shares is suitable for the investor.
- Certifies that her/his firm has, acting in its capacity as broker, financial advisor or other investor representative, performed the functions required by U.S. federal and state securities laws and the Patriot Act, including, but not limited to Know Your Customer, AML and Customer Identification, in connection with its relationship with the investor.

Signature of Broker/Financial Advisor/Other Investor Representative

Signature of Registered Supervisory Principal

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Section 6 – Enrollment in E-Delivery

Investor Email Address _____

Please note that by providing an e-mail address, you are consenting to electronic delivery of Fund documentation if and when it becomes available. Your selection applies to any periodic reports and all other account-related documents that the Fund will send to you. Many of the documents will contain confidential information that is specific to your private financial matters. Regardless of the delivery method you select, the Fund will take reasonable precautions to ensure the integrity, confidentiality and security of the documents, but will not be liable for any interception. Please note that you will need your account number to register your account online for electronic delivery. Once you register, the Fund will deliver a document to you by sending you an e-mail that contains a link to the document. Such selection will remain in effect as long as you maintain an investment with the Fund or until you notify the Fund of a change. The Fund does not impose any additional charge for electronic delivery, but you may incur charges from your Internet service provider and your telephone company or other Internet access provider. In addition, there are risks, such as systems outages, that are associated with electronic delivery.

Section 7 – Investor Authorization and Signatures (Custodial accounts require custodial authorization)

The undersigned hereby authorizes and instructs Pomona Investment Fund and its affiliates and agents to implement the changes indicated on this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the Fund. If the investor currently has direct deposit of distributions, the Fund shall continue to comply with the investor’s existing instructions.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that information and distributions made and/or sent prior to the date upon which this instruction becomes effective will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

_____ Signature of Investor	_____ Signature of Joint Owner
_____ Date (mm/dd/yyyy)	_____ Date (mm/dd/yyyy)

Custodian Authorization/Medallion Stamp Guarantee (Required for custodial accounts)
_____ Date (mm/dd/yyyy)

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