

Account Maintenance Form



- Please complete Section 1. Please also check the appropriate box below and complete the corresponding section. Please note sections designated with an asterisk (*) require the signature guarantee (Section 11) to be completed.
- Please include your signed account maintenance form and mail to:

Mailing Address

The Victory Funds
P. O. Box 182593
Columbus, OH 43218-2593

Overnight Mail/Courier

The Victory Funds
4249 Easton Way, Ste 400
Columbus, OH 43219

- Change of Address/Name (Section 2)*
 Systematic Investment Plan* (Section 5)
 Special Payee* (Section 7b)
 Date of Birth (Section 9)
 Distribution Options (Section 3)
 Systematic Withdrawal Plan* (Section 6)
 ACH* (Section 7c)
 Telephone Authorization (Section 4)
 Wire Instructions* (Section 7a)
 Interested Party (Section 8)

1. Current Account Information

FUND INVESTOR ACCOUNT NUMBER _____

OWNER, CUSTODIAN OR TRUSTEE NAME _____

SOCIAL SECURITY NUMBER _____

2. Name/Address Change

- New Address
 New Last Name*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MINOR'S STATE OF RESIDENCE _____ DAYTIME PHONE _____

3. Distribution Options

To Receive Your Distributions

Each Victory Fund's (the "Funds") distribution will be reinvested into additional shares of the same Fund unless otherwise indicated below:

- Pay dividends and capital gains to me:
 By Check
 Reinvest capital gains and pay dividends to me:
 By ACH
 Reinvest dividends and pay capital gains to me:
Attach a voided check to establish.

For other options call 800-539-FUND.

4. Telephone Authorization

- Yes, I authorize the Fund, and its agents, to act upon instructions received by telephone to redeem, purchase and/or exchange shares. Exchanged shares must occur between identically registered accounts within the Funds. Tax identification numbers of the two accounts must be identical.

5. Systematic Investment Plan

ATTACH VOIDED CHECK HERE TO ESTABLISH.

- Yes, I authorize my bank to accept withdrawals initiated by the Fund's servicing agent, to my account for the amount I have designated, without responsibility for the correctness of the agreement or for the existence of any further authorization relating to this contract. I agree to indemnify and hold harmless my bank, the Victory Funds and its agents for any loss, liability or expense incurred from action of these instructions.

I would like to invest the following amount(s) (minimum \$250 per fund) on the day indicated (any day, 1st through 28th) into the following fund(s). Please circle frequency per fund: Monthly, Quarterly, Semi-Annually, or Annually.

_____	_____	_____	_____	M Q S A
FUND NAME	SHARE CLASS	\$ AMOUNT	DAY	
_____	_____	_____	_____	M Q S A
FUND NAME	SHARE CLASS	\$ AMOUNT	DAY	
_____	_____	_____	_____	M Q S A
FUND NAME	SHARE CLASS	\$ AMOUNT	DAY	
				\$ TOTAL AMOUNT _____

6. Systematic Withdrawal Plan

Please note that a minimum fund balance of \$5,000 is required to establish a systematic withdrawal plan.

- Yes, I authorize the Funds and its agents, to liquidate the following amount (minimum \$25.00) on the day indicated (any day, 1st through 28th) from the following fund(s): Please circle frequency per fund: Monthly, Quarterly, Semi-Annually or Annually.

_____	_____	_____	M Q S A
FUND NAME	\$ AMOUNT	DAY	
_____	_____	_____	M Q S A
FUND NAME	\$ AMOUNT	DAY	
_____	_____	_____	M Q S A
FUND NAME	\$ AMOUNT	DAY	

- Mail distribution to address of record.
 See alternate instructions-Section 7

7a. Wire Instructions

(Call your bank to verify wire fee, if any.) I have completed the information below and have included a voided check from my bank account.

ACCOUNT NAME

ACCOUNT NUMBER

BANK NAME BRANCH OFFICE (IF APPLICABLE)

BANK ADDRESS (DO NOT USE A P.O. BOX)

CITY STATE ZIP CODE

BANK ABA CODE (9 DIGITS)

7b. Special Payee

Make checks payable from dividend/capital gains distributions
 systematic withdrawal plan or
 both; **and send to:**

NAME

ADDRESS

CITY STATE ZIP CODE

7c. ACH

(Call your bank to verify transaction fee, if any.) Note: credit will be received within 2 business days. I have completed the information below and have included a voided check from my bank account.

ACCOUNT NAME

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA CODE (9 DIGITS)

8. Change in Interested Party

Add Delete Forward duplicate statements Yes No

NAME

ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE

9. Date of Birth

OWNER'S DATE OF BIRTH (MONTH, DAY, YEAR)

CUSTODIAN/JOINT OWNER DATE OF BIRTH (MONTH, DAY, YEAR) – IF APPLICABLE

10. Signature

By signing this form, I authorize the Funds, their affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each Fund's current prospectus. If you need a signature guarantee, you must sign in front of the banker or broker. All mutual fund account owners must sign.

OWNER'S SIGNATURE DATE

JOINT OWNER'S SIGNATURE DATE

I/We agree that the Fund's or any of its subsidiaries, affiliates, officers, directors, or employees will not be liable for any losses, claim expense, or cost and agree to indemnify the same from any losses and damages, for acting upon an instructions or inquiries, including telephone redemptions and exchanges, believed genuine. This authorization shall continue until the Fund receives notice of modification signed by all amended from time to time. All terms shall be binding upon heirs, representatives and assignees of the account owners. I/We acknowledge that I/we understand past performance is not indicative of future returns.

11. Signature Guarantee

To protect you and the Funds against fraud, your signature(s) must be Medallion Signature Guaranteed by an "eligible" guarantor. To obtain a Medallion Signature Guarantee, please have all account owners sign this form in the presence of an authorized officer of an eligible guarantor institution. You should verify with the institution that they are an acceptable (eligible) guarantor, as defined by the Federal Deposit Insurance Act, prior to signing. **Notaries Public are not acceptable providers of Medallion Signature Guarantees.**

NAME OF BANK OR BROKER

AUTHORIZED SIGNATURE

STAMP

Dealer Use Only. (To add or change dealer of record.)

THE FUNDS DEALER #

BRANCH

REPRESENTATIVE NO.

FIRM NAME

REPRESENTATIVE'S LAST NAME

BRANCH ADDRESS

CITY STATE ZIP

AUTHORIZED SIGNATURE DATE

Victory Funds Privacy Policy

Protecting the Privacy of Information

The Victory Funds respects your right to privacy. We also know that you expect us to conduct and process your business in an accurate and efficient manner. To do so, we must collect and maintain certain personal information about you. This is the information we collect from you on applications or other forms, and from the transactions you make with us or third parties. It may include your name, address, social security number, account transactions and balances, and information about investment goals and risk tolerance.

We do not disclose any information about you or about former customers to anyone except as permitted or required by law. Specifically, we may disclose the information we collect to companies that perform services on our behalf, such as the transfer agent that processes shareholder accounts and printers and mailers that assist us in the distribution of investor materials. We may also disclose this information to companies that perform marketing services on our behalf. This allows us to continue to offer you Victory Investment products and services that meet your investing needs, and to effect transactions that you request or authorize. These companies will use this information only in connections with the services for which we hired them. They are not permitted to use or share this information for any other purpose.

To protect your personal information internally, we permit access only by authorized employees and maintain physical, electronic and procedural safeguards to guard your personal information.*

*You may have received communications regarding information about privacy policies from other financial institutions which gave you the opportunity to “opt-out” of certain information sharing with companies which are not affiliated with that financial institution. Victory Portfolios do not share information with other companies for purposes of marketing solicitations for products other than the Victory Portfolios. Therefore, Victory Portfolios do not provide opt-out options to their shareholders.