FMI Funds

Telephone Option Request Form (For Existing Shareholders)

Mail this signed and completed form to: FMI Funds

c/o U.S. Bancorp Fund Services, LLC

P.O. Box 701

Milwaukee, WI 53201-0701

For additional information, please call toll-free 1-800-811-5311 or visit us on the web at www.fmifunds.com

Important Information – Please Read – This form is to be used to request the option to purchase, redeem, or exchange shares of the FMI Funds via telephone. Name(s) and address of record information given on this form must match exactly the name and address information on record. If a telephone option is requested by a joint account, both registrants must sign in Section 7. This completed form must be received by U.S. Bancorp Fund Services, LLC ("USBFS") prior to the use of a telephone option. This form is not to be used for notification of address change.

	OUNT REGIST First Name		INFORMATION: Last Name	<u>FUND</u>		
ividual						
ividual						
nt Owner	First Name	M.I.	Last Name			
nt Osynar						
iii Owliei	First Name	M.I.	Last Name			
		of Business -	No Foreign Addresses)			
			Apt/ Suite	Street		Apt/ Suite
		State	Zip Code	City	State	Zip Code
e Phone Nu	umber	Even	ing Phone Number	-		
	e Phone No	EESS OF RECORD: tial Address or Principal Place of the Phone Number PHONE OPTION(S): PHONE PURCHASE	State e Phone Number Even: PHONE OPTION(S):	tial Address or Principal Place of Business – No Foreign Addresses) Apt/ Suite State Zip Code PHONE OPTION(S):	tial Address or Principal Place of Business – No Foreign Addresses) Apt/ Suite Street	tial Address or Principal Place of Business – No Foreign Addresses) Apt/ Suite Street

5.	PROCEEDS (select one): Mail my proceeds to the address of record							
	Deposit proceeds into my ban	ak account by Electronic Funds Transfer (EFT) (1)						
	Deposit proceeds into my bank account by wire (1)							
	Currently USBFS charges \$15.00 for redemption proceeds are sent by EFT bank or trust company in the United	must provide bank account information and attach a voided check. each wire redemption, but does not charge a fee for EFT's. If telephone Γ or by wire, your signature(s) must be guaranteed by a commercial States, a member firm of the New York Stock Exchange or other eligible gnature is not an acceptable substitute for a signature guarantee. (See						
6.	redemption proceeds directly to your be provide bank information, the proceeds of record. At least one name on the bar information. For Checking Accounts: a information, and must accompany this Savings Accounts: Provide verification	ust be on file in order to exercise telephone purchase privileges, or ank account by EFT, or receive redemption proceeds by wire. If you do not sof any redemption will be paid by check and mailed to your mailing address nk account must match exactly the name in your account registration a blank voided check is necessary to provide account and bank routing application (mutual fund money market checks may not be used). For of your bank's ABA routing number and your savings account number of the Automated Clearing House ("ACH") to effect EFT transactions.						
	NAME OF BANK	BANK'S ABA NUMBER (For Savings Accounts Only)						
	CHECKING SAVINGS (attach voided check)							
	ACCOUNT TYPE SAVINGS ACCOUNT NUMBER							
	PLEASE ATTACH A VOIDED CHECK HERE if you have completed Section 4a, or if proceeds are to be sent to your bank account, or if proceeds are to be wired							
7.	SHAREHOLDER SIGNATURE(S): Please sign below as your authorization requesting telephone options as indicated above (both must sign if joint account):							
	Signature of Account Owner	Date Signature of Account Owner (If Joint Account) Date						
8.	SIGNATURE GUARANTEE: (Please have your signature(s) guaranteed if you have requested your proceeds to be sent to your bank by EFT or by wire)							
	Signature of Guarantor Date	Signature of Guarantor Date						
	Please have Signature Guarantor Affix Seal Here	Please have Signature Guarantor Affix Seal Here						