NICHOLAS FUNDS

Account Options Form

Regular Mail: Nicholas Funds
c/o U.S. Bank Global Fund Services
PO Box 219301
Kansas City, MO 64121-9301

Overnight Delivery: Nicholas Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219301
Kansas City, MO 64105-1307

For additional information please call toll-free 800-544-6547 or visit us on the web at www.nicholasfunds.com.

IMPORTANT: This form is used to make changes to your existing account(s). Please read the Nicholas Funds prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

Account Information | If address for Joint Owner(s)/Authorized Signer(s) is identical, please write "Same".

❑ If this box is checked, I/we give the Nicholas Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 8 in order for this change to be valid.

NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY | SOCIAL SECURITY / TAX ID NUMBER | PHONE NUMBER

STREET ADDRESS | CITY / STATE / ZIP CODE

NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER | SOCIAL SECURITY / TAX ID NUMBER | PHONE NUMBER

STREET ADDRESS | CITY / STATE / ZIP CODE

NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER | SOCIAL SECURITY / TAX ID NUMBER | PHONE NUMBER

STREET ADDRESS | CITY / STATE / ZIP CODE

NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER | SOCIAL SECURITY / TAX ID NUMBER | PHONE NUMBER

STREET ADDRESS | CITY / STATE / ZIP CODE

Please indicate account(s) that require change:

FUND NAME | FUND NUMBER | ACCOUNT NUMBER

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1 Type of Change | Check all that apply.

❑ **Telephone Options - complete sections 2, 3 (if applicable), & 8**

❑ **eDelivery - complete section 3 & 8**

❑ **Bank Information - complete sections 2, 4 & 8 (Existing telephone options will be carried over if section 2 is not completed).**

❑ **Capital Gains & Dividend Options - complete sections 4 (if applicable), 5, & 8**

❑ **Systematic Options - complete sections 4 (if applicable), 6, 7, & 8**

2 Telephone Options

Please complete section 4 for purchase or redemption via a bank checking or savings account if bank information has not already been established.*

❑ **Telephone Purchase via Automated Clearing House (ACH)**

❑ **Telephone Exchange**

❑ **Telephone Redemption By:** ❑ **Wire**** ❑ **ACH** ❑ **Check to Address of Record**

* Signature authentication may be required to establish options per the Fund's prospectus.
** Refer to your Fund's prospectus for information relating to fees for proceeds sent via federal wire.

3 E-Delivery Options

I would like to:

❑ Receive prospectuses, annual reports and semiannual reports electronically
❑ Receive statements electronically
❑ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements, and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting www.nicholasfunds.com.

Please note: you must provide your email address below to enroll in e-Delivery.

EMAIL ADDRESS

4 Bank Information* | Check appropriate action and attach preprinted, voided check or preprinted deposit slip.

❑ Add Bank Information (Existing telephone options will be carried over if section 2 is not completed).

❑ Change Existing Bank Information (Existing telephone options will be carried over if section 2 is not completed).

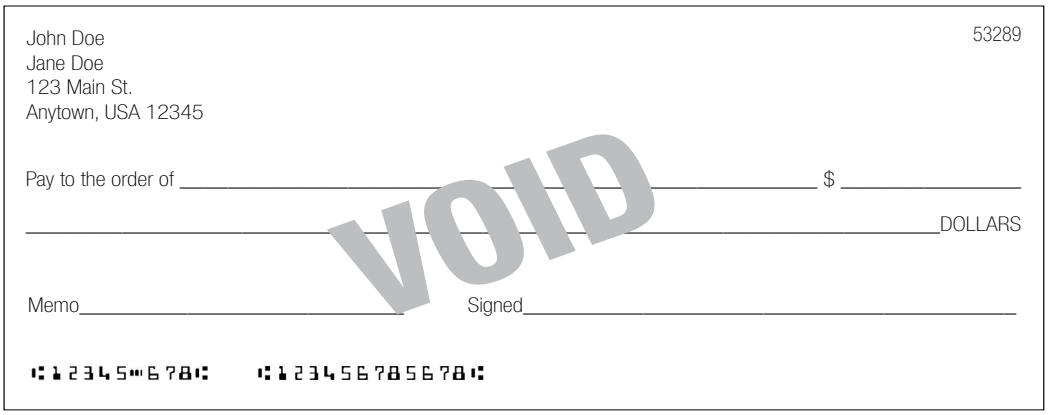
❑ Remove Existing Bank Information: No longer valid as of _____.

Note: Your bank information will be removed if no date is specified.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below.

Account Type: ❑ Checking ❑ Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)



* Adding or changing bank information may require signature authentication per the Fund's prospectus.

** Please be advised that signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in the Bank Account Owner(s) Signatures and Signature Guarantee section and obtain a signature guarantee.

5 Capital Gain and Dividend Options

*** Cash distributions should be paid by (select one):**
❑ Check to Address of Record ❑ ACH to Bank of Record

		Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
FUND NUMBER	ACCOUNT NUMBER	❑	❑	❑	❑
FUND NUMBER	ACCOUNT NUMBER	❑	❑	❑	❑
FUND NUMBER	ACCOUNT NUMBER	❑	❑	❑	❑

*If you choose the option to have distributions sent via **ACH to bank of record**, please confirm whether you have valid bank information currently on record. If adding or changing bank information, please complete section 4.

6 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow at least 15 business days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a $25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

FUND AND ACCOUNT NUMBER

***PURCHASE WITH:** EXISTING BANK ACCOUNT ON FILE

AIP START DATE (MONTH/YEAR) | DAY(S) OF THE MONTH | $ DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.
Frequency (check one): ❑ Monthly ❑ Quarterly ❑ Semiannual ❑ Annually

B Update Existing AIP

Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction. If you are changing your bank information please indicate the last date you would like your current AIP to run:

❑ Stop Immediately ❑ Specific Date _____ (Note: Your AIP will be stopped immediately if no date is specified)

FUND AND ACCOUNT NUMBER

***PURCHASE WITH:** EXISTING BANK ACCOUNT ON FILE

AIP START DATE (MONTH/YEAR) | DAY(S) OF THE MONTH | $ DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.
Frequency (check one): ❑ Monthly ❑ Quarterly ❑ Semiannually ❑ Annually

***Please complete section 4 if new bank information is being used for the Automatic Investment Plan**

7 Systematic Options | Systematic Withdrawal Plan (SWP)

FUND AND ACCOUNT NUMBER

NOTE: The SWP will be withdrawn on the date requested or the first business day after.

SWP START DATE (MONTH/YEAR) | DAY(S) OF THE MONTH | $ DOLLAR AMOUNT

Frequency (check one): ❑ Monthly ❑ Quarterly ❑ Semiannually ❑ Annually

Send proceeds by (check one): ❑ Check ❑ ACH to (check one): ❑ Existing Bank Info ❑ New Bank Info** ❑ Special Payee**

MAKE CHECK PAYABLE TO | STREET ADDRESS / CITY / STATE / ZIP

FUND AND ACCOUNT NUMBER

NOTE: The SWP will be withdrawn on the date requested or the first business day after.

SWP START DATE (MONTH/YEAR) | DAY(S) OF THE MONTH | $ DOLLAR AMOUNT

Frequency (check one): ❑ Monthly ❑ Quarterly ❑ Semiannually ❑ Annually

Send proceeds by (check one): ❑ Check ❑ ACH to (check one): ❑ Existing Bank Info ❑ New Bank Info** ❑ Special Payee**

MAKE CHECK PAYABLE TO | STREET ADDRESS / CITY / STATE / ZIP

*Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.

** Requesting proceeds to a checking or savings account may require a medallion signature guarantee stamp. If we do not have bank information on record, please complete section 4 of this form. Establishing a Special Payee may require a signature guarantee stamp.

8 Signature & Certification

I have read and understand the prospectus for Nicholas Funds. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected account.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)

***If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

SIGNATURE GUARANTEE STAMP

If required, A signature guarantee or a signature validation may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public from a financial institution is able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee or notary stamp for your specific situation.

9 Bank Account Owner Signature(s) and Signature Guarantee (see section 4)

If the bank information provided in section 4 does not list a registered account owner, trustee, or authorized signer as a bank account owner, ALL bank account owners must sign below and obtain a signature guarantee.

X	X
SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF BANK ACCOUNT OWNER

SIGNATURE GUARANTEE

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.

Nicholas Company
GLBA Privacy Notice

Nicholas Company, Inc. and its affiliates Nicholas Fund, Inc., Nicholas II, Inc., Nicholas Limited Edition, Inc. and Nicholas Equity Income Fund, Inc. (together, "**Nicholas Co.**," "**we**," "**us**," or "**our**") respect your privacy. This GLBA Privacy Notice (the "**Notice**") describes how we collect, use, and disclose your Nonpublic Personal Information (as defined below) when you apply for, access, and use our investment services (the "**Services**").

For the purposes of this Notice, "**Nonpublic Personal Information**" or "**NPI**" means personally identifiable financial information that is not publicly available that you provide to us in connection with any transactions or services we perform for you, or that we otherwise obtain.

1. The NPI We Collect

We collect NPI about our separately managed account investors and mutual fund shareholders from some or all of the following sources:

- Information we receive from the completion of our account forms, fact-finding questionnaires and mutual fund applications;
- Investment transactions with us, our affiliates, and other arrangements for the provision of services to investors or shareholders;
- Consumer reporting agencies; and
- Custodian banks and broker/dealers.

For separately managed account investors, this NPI may include:

- Your name, address, phone number, tax identification number, date of birth, and investment selection,
- Your custodian bank or brokerage account number, account balances and transaction history, and
- Testamentary and other similar documents and information that you provide in connection with your account.

For mutual fund shareholders, this NPI may include:

- Your name, address, phone number, tax identification number, date of birth, beneficiary information and investment selection,
- Your account number, account balances, transaction history and cost basis information,
- Your banking information, and
- Testamentary and other similar documents and information that you provide in connection with your account.

2. How We Use NPI

We may disclose NPI we collect from or about you to certain affiliated and nonaffiliated companies in order to more effectively and efficiently provide our services. We provide such NPI pursuant to written contracts which require the recipient to protect the privacy and security of any NPI which we disclose. Affiliated companies are defined as companies related by common ownership or control. Nonaffiliated companies are defined as companies not related by common ownership or control.

Affiliated and nonaffiliated companies with whom we disclose NPI include, but are not limited to:

- Nicholas Co. affiliated companies;
- Transfer agents, to allow for the servicing of mutual fund shareholder accounts;
- The broker-dealer through which we execute separately managed account securities transactions;
- Clearing agencies through which we clear and settle separately managed account securities transactions;
- Third-party investment advisory firms with whom we have relationships for the management of separately managed accounts; and
- Companies that provide services to us that assist with the maintenance of required books and records or to facilitate mailings on our behalf or to provide security for our IT systems and our data.

We do not disclose your NPI to nonaffiliated companies who intend to market their products to you.

3. Protection of NPI

We have established information security practices and procedures designed to prevent unauthorized access to, acquisition of or use of NPI. We only provide access to NPI to employees or service providers who process or service transactions and fulfill compliance, legal or audit functions. Our computer systems utilize protections designed to prevent access by unauthorized personnel, and we employ other physical, electronic and procedural safeguards to ensure the protection of NPI in accordance with federal and state data privacy and security laws and regulations.

4. Contact Us

If you have any questions about our Notice, or if you have any questions concerning your account, please contact us at 1-800-544-6547.

If you prefer, you may write to us at Nicholas Family of Funds c/o U.S. Bank Global Fund Services, P.O. Box 219301, Kansas City, Missouri 64121-9301.

We appreciate your business and look forward to serving your financial services needs.