



CGM FUNDS SERVICE OPTIONS FORM

Please use this form to change or add any of the options listed in section 2.
You should also complete section 1, section 12 and any other sections that are relevant to your request.
Please refer to the Fund prospectus for information on each of the account options.
If you have questions, please call CGM Shareholder Services at 800-343-5678.

1. PLEASE TELL US ABOUT YOUR ACCOUNT(S)

Name of Account Owner(s): _____

Please list the account number(s) to update below*

FUND NAME	ACCOUNT NUMBER(S)
CGM Mutual Fund	
CGM Realty Fund	
CGM Focus Fund	

*Accounts listed must be under the same Tax ID. Please note that all changes indicated on this form will be applied to each account listed. If you wish to have different options for specific accounts please use a separate form for each account.

2. SERVICE OPTIONS

The following options are available to change or add to your account(s) listed in section 1. Please read through these options and refer to the corresponding sections for further information. If you are using this form to change your pre-existing banking information already on file, please make sure to review sections 3, 4, 5, and 6 and select the option(s) to which you want your updated banking information to apply.

AUTOMATIC INVESTMENT PLAN (AIP) — see sections 3 and 6
 TELEPHONE INVESTMENT PLAN (TIP) — see sections 3 and 6
 DIVIDEND OPTIONS — see sections 4 and 6
 TELEPHONE REDEMPTION BY CHECK — see sections 5 and 6
 TELEPHONE REDEMPTION BY WIRE — see sections 5 and 6
 TELEPHONE REDEMPTION BY ACH — see sections 5 and 6

SYSTEMATIC WITHDRAWAL PLAN (SWP) — see sections 5 and 6
 COST BASIS METHOD OPTIONS — see section 7
 EXCHANGE OPTIONS — see section 8
 TRANSFER ON DEATH (TOD) BENEFICIARY — see section 9
 AUTHORIZED ACCESS — see section 10
 NAME CHANGE — see section 11

3. PURCHASE OPTIONS

AUTOMATIC INVESTMENT PLAN (AIP)*

Once your account has been established, you may have \$50 or more debited on or about the same day(s) each month from your designated checking account with a U.S. bank to purchase shares in your CGM Fund account. Debits from savings banks and credit unions require special information; please call CGM Shareholder Services at 800-343-5678. Allow 14 days for the plan to start.

Debit Amount: Invest \$ _____

Fund Name: Into _____

Select the month(s):

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

Select the day(s):

- 5th day of each month (default if none checked)
- 20th day of each month
- 5th and 20th day of each month

*Signature Validation Program Stamp required (see section 13)

Debit Amount: Invest \$ _____

Fund Name: Into _____

Select the month(s):

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

Select the day(s):

- 5th day of each month (default if none checked)
- 20th day of each month
- 5th and 20th day of each month

*Signature Validation Program Stamp required (see section 13)

■ For "Automatic Investment Plan", please attach a check marked "void" in section 6 from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable.

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3. PURCHASE OPTIONS *(continued)*

TELEPHONE INVESTMENT PLAN (TIP)*

By checking this box you acknowledge you are subject to the terms as described in the current prospectus of the Fund, as amended from time to time, and you authorize the Fund and its agents to accept and act upon telephone instructions to purchase shares.

Once your account has been established, you may make telephone purchases of \$50 or more into your CGM Fund account with payment by Automated Clearing House (ACH) from your designated checking account with a U.S. bank. Debits from savings banks and credit unions require special information; please call CGM Shareholder Services at 800-343-5678.

Please note: The trade date for your Telephone Investment Plan purchase will generally be the business/banking day of your request. Restrictions apply.

*Signature Validation Program Stamp required (see section 13)

■ For "Telephone Investment Plan", please attach a check marked "void" in section 6 from your checking account. Starter checks, money market checks, deposit slips, and counter checks are not acceptable.

Important Information about the Automatic Investment Plan and Telephone Investment Plan

By enrolling in the Automatic Investment Plan or Telephone Investment Plan you authorize the Fund and its agents to initiate Automated Clearing House (ACH) debits against the designated checking account with a U.S. bank. You will receive a confirmation of each purchase of Fund shares and the deduction from your bank account should appear on your monthly bank statement. Fund shares purchased by the Automatic Investment Plan or Telephone Investment Plan must be owned for 15 days before they may be redeemed. You may terminate or change the amount of your Automatic Investment Plan by filling out a new CGM Funds Service Options Form or by calling CGM Shareholder Services at 800-343-5678 at least 14 days prior to your next scheduled debit date. The Fund may immediately terminate your Plan(s) in the event that any item is unpaid by your financial institution. The Fund may terminate or modify these privileges at any time.

4. DIVIDEND OPTIONS — *For non-IRA accounts only.*

If your account is a CGM Retirement Plan, all dividends and capital gains must generally be reinvested.

Distribution Options: (Please check one box.)

- Dividends and capital gains reinvested.
- Dividend payments by check, capital gains reinvested.
- Dividends and capital gains payments by check.

The above distribution options can also be changed by telephone, please call CGM Shareholder Services at 800-343-5678.

Special Payee by Check*

Please send dividends and capital gains checks to:

Special Payee Name

Address

Direct Payment to a Bank*

- Dividend payments by direct deposit to my bank account, capital gains reinvested.
- Dividends and capital gains payments by direct deposit to my bank account.

Dividends and capital gains proceeds are sent by ACH (to the bank account indicated on the attached "void" check in section 6) two business days after the payable date of the distributions. Please confirm eligibility, fees, and applicable routing number(s) for ACH transactions with your financial institution.

*Signature Validation Program Stamp required (see section 13)

■ For "Direct Payment to a Bank," please attach a check marked "void" in section 6 from the bank account you will be using. Starter checks, money market checks, deposit slips, and counter checks are not acceptable.

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5. REDEMPTION OPTIONS

If your account is a CGM Profit Sharing Plan, Money Purchase Pension Plan, or 403(b)(7) Plan, please call 800-345-4048 for the correct distribution forms.

By checking any of the boxes below you acknowledge you are subject to the terms as described in the current prospectus of the Fund, as amended from time to time, and you authorize the Fund and its agents to accept and act upon telephone instructions to redeem shares.

- Telephone Redemption By Check** — Please honor any telephone request to have amounts withdrawn from my/our account and sent by check to the address of registration on my/our account.
- Telephone Redemption By Wire*** — Please honor any telephone requests to have amounts withdrawn from my/our account and wired to the bank account indicated on the attached “void” check. If proceeds are being wired to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System.
- Telephone Redemption By ACH*** — Please honor any telephone requests to have amounts withdrawn from my/our account and sent by Automated Clearing House (ACH) directly to the bank account indicated on the attached “void” check. If proceeds are being sent to a savings bank, it must have only one correspondent bank that is a member of the Federal Reserve System. Please confirm eligibility, fees and applicable routing number(s) for ACH transactions with your financial institution.
- *For “Telephone Redemption By Wire” and “Telephone Redemption by ACH,” please attach a check marked “void” in section 6 from the bank account you will be using. Starter checks, money market checks, deposit slips, and counter checks are not acceptable.*
- Systematic Withdrawal Plan (SWP)*** — Please establish a Systematic Withdrawal Plan in accordance with the instructions below. I understand (1) that all shares must be held by the Fund’s Shareholder Servicing Agent, Boston Financial Data Services (“BFDS”), (2) all dividends and capital gains must be reinvested, (3) that my current account value must be at least \$10,000, and (4) that payment checks will be drawn on the 15th and/or last business day of each month designated. This form must be received at least 14 days prior to the first payment date.

To add a SWP to your CGM Retirement Plan account please call 800-345-4048 for the correct forms. The SWP is not available to omnibus accounts.

*Signature Validation Program Stamp required (see section 13)

SWP Payment Schedule

Select the month(s):

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	All months

Select the day(s):

- Last business day of each month (default if none checked)
- 15th day of each month
- 15th and last business day of each month

SWP Payment Options (Please check one box.)

- Make checks payable to the registered owner(s) and mail to the address of record.
- Send payments by ACH to my/our bank account as indicated on the attached “void” check.*
- Make checks payable to a Special Payee and Address as indicated below.*

Special Payee Name _____

Address _____

■ *For SWP payments by ACH, please attach a check marked “void” in section 6 from the bank account you will be using. Starter checks, money market checks, deposit slips, and counter checks are not acceptable.*

* Signature Validation Program Stamp required (see section 13)

General Information about Redemption Options

Fund shares must be held for 15 days before they can be redeemed. Shares to be redeemed must be held on deposit by BFDS.

Information about the Systematic Withdrawal Plan

The Systematic Withdrawal Plan (SWP) allows you to redeem shares and receive payments on a regular schedule. Since withdrawal payments may have tax consequences, you should consult your tax adviser before establishing such a plan. To establish a SWP to a CGM Retirement Plan account please call 800-345-4048 for the correct distribution form.

Information about Telephone Redemptions by Check, Telephone Redemptions by Wire and Telephone Redemption by ACH

Telephone Redemptions may be placed by calling CGM Shareholder Services at 800-343-5678 prior to the close of the New York Stock Exchange, normally 4 p.m. Eastern Time. Once an order is placed, it cannot be revoked. For Telephone Redemptions by Wire, a \$5 wire fee will be deducted from the redemption proceeds. The Fund, BFDS, Capital Growth Management Limited Partnership (“CGM”), and their agents will not be liable for any loss, cost, or expense for acting on such instruction.

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6. BANKING INFORMATION* (applies to sections 3, 4, and 5)

Please attach a check marked "void" from your checking account. This check will be used to update or create new banking instructions for each account noted in section 1. Starter checks, money market checks, deposit slips, and counter checks are not acceptable. A "void" check is required only for Automatic Investment Plan, Telephone Investment Plan, Dividends Paid Direct to your Bank, Telephone Redemption by Wire, Telephone Redemption by ACH and SWP Payments by ACH. Banking information for savings and credit unions require special instruction.

If you are using this form to change your pre-existing banking information already on file, please make sure to review sections 3, 4, and 5 and select the option(s) to which you want your updated banking information to apply.

Please call CGM Shareholders Services at 800-343-5678 for further instructions.

YOUR NAME
15 Elm Street
Your Town, USA 00000

DATE _____ 1000

Pay to the order of _____ \$ _____

YOUR BANK
Your Town, USA 00000

_____ DOLLARS

⑆000000000⑆ 000 0000000⑆ 1000

Attach your void check here.

7. COST BASIS METHOD OPTIONS

As part of the Emergency Economic Stabilization Act of 2008, mutual fund companies are required to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012.

If you would like to change your current cost basis method, please make one selection from the following cost basis methods. If you did not elect a cost basis method on your current account, then your cost basis method was **defaulted to Average Cost**, which is CGM's default method.

- AVERAGE COST (ACST)** — Values the cost of shares in an account by averaging the effect of all purchases made on or after January 1, 2012 in the account.
- FIRST IN, FIRST OUT (FIFO)** — Shares acquired first in the account are the first shares depleted.
- LAST IN, FIRST OUT (LIFO)** — Shares acquired last in the account are the first shares depleted.
- HIGH COST (HIFO)** — Shares acquired with the highest cost per share are the first shares depleted.
- LOW COST (LOFO)** — Shares acquired with the lowest cost per share are the first shares depleted.
- LOSS/GAIN UTILIZATION (LGUT)** — Depletes losses before gains, consistent with the objective of minimizing taxes.
- SPECIFIC LOT IDENTIFICATION** — Shareholder selects which lots to deplete at time of each redemption.

When selecting Specific Lot Identification, please choose a secondary method to be used as an alternate in the event specific lot depletion information is not provided. Please note that Average Cost cannot be elected as a secondary method.

- First-In First-Out
- Last-In First-Out
- High Cost
- Low Cost
- Loss/Gain Utilization

Consult your tax advisor to determine which method best suits your individual tax situation.

Your elected cost basis method will be applied to future accounts opened in The CGM Funds with the same account type and registration. If you have questions about the cost basis methods above please call CGM Shareholder Services at 800-343-5678.

8. EXCHANGE OPTION

- Telephone Exchange***

By checking this box you acknowledge you are subject to the terms as described in the current prospectus of the Fund, as amended from time to time, and you authorize the Fund and its agents to accept and act upon telephone instructions to exchange.

*Signature Validation Program Stamp required (see section 13)

General Information about Exchanges

The exchange option allows you to transfer money between CGM Fund accounts provided that the registrations are identical. Exchanges must be for amounts of at least \$1,000 or the entire balance to an existing account, and, if a new account is being established, minimum investment requirements must be met. Shares to be exchanged must be held on deposit by BFDS for 15 days prior to being exchanged. Exchanges represent a sale of shares for federal income tax purposes, and capital gains or losses may be realized. Telephone exchanges may be placed by calling CGM Shareholder Services at 800-343-5678 prior to the close of the New York Stock Exchange, normally 4 p.m. Eastern Time. Once an order is placed, it cannot be revoked. The Fund, BFDS, CGM, and their agents will not be liable for any loss, cost, or expense which arises out of any requested exchange. The exchange privilege may be modified or terminated at any time.

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9. TRANSFER ON DEATH (TOD) BENEFICIARY* — Please check one box.

If you wish to add, change or revoke a TOD beneficiary on your account(s) listed in section 1 please complete the information below.

The TOD beneficiary is used to indicate the person or persons who will receive your account assets in the event of your death. You may change or revoke your beneficiary designation at any time by filing out a new CGM Funds Service Options Form. TOD beneficiaries may be designated only for accounts registered as individual or joint tenant with rights of survivorship. Please note that the TOD option for joint tenant with rights of survivorship accounts becomes effective upon the death of all registered owners. At that time, the listed beneficiary(ies) becomes the owner(s) of your account.

The following individual(s) shall be my TOD beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. **If neither is checked, the individual will be deemed to be a Primary Beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and that beneficiary's share of my account will be divided equally among any remaining beneficiaries. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account balance. Each designated beneficiary will receive an equal percentage of my account if no percentage is specified or if the percentages I allocate do not add up to 100. To add additional beneficiaries, please attach a separate sheet of paper with all necessary information.

Please check with your state of residence to determine if TOD registrations are allowed.

- Please add the following TOD beneficiary(ies) or;
- Revoke all current TOD beneficiary(ies) or;
- Please revoke my current TOD beneficiary(ies) and replace as listed below or;
- Revoke only the TOD beneficiary(ies) listed below:

Primary

Name _____

Date of Birth _____ Social Security Number _____ Share % _____

Primary Contingent

Name _____

Date of Birth _____ Social Security Number _____ Share % _____

Primary Contingent

Name _____

Date of Birth _____ Social Security Number _____ Share % _____

Primary Contingent

Name _____

Date of Birth _____ Social Security Number _____ Share % _____

*Signature Validation Program Stamp required (see section 13)

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10. AUTHORIZED ACCESS*

Authorized access grants someone other than a registered owner the authority to place telephone transactions and to receive account information by telephone. This third party will not receive account statements. Accounts may have more than one person listed with authorized access.

- Please add the following Authorized Trader(s) or;
- Please revoke my current Authorized Trader(s) and replace with the following:

Authorized Trader Name _____

Address _____

Date of Birth _____ Social Security Number _____

Authorized Trader Name _____

Address _____

Date of Birth _____ Social Security Number _____

*Signature Validation Program Stamp required (see section 13)

11. NAME CHANGE*

Please print your former name, as it currently appears on your account, on the first line provided below. On the second line, please print your new name, as you would like it to appear on your account. In section 12, a signature must be provided in your former name on the "Signature of Owner" line and in your new name on the second "Signature of Owner" line.

Print Former Name

Print New Name

*Signature Validation Program Stamp required (see section 13)

12. SHAREHOLDER AUTHORIZATION

- I authorize the Fund, its affiliates and agents to act on any instructions believed to be genuine for any service or change authorized on this form. I certify that I have read the explanation and agree to the terms and provisions for the services I have elected as described in the current Prospectus of the Fund, as amended from time to time. I understand that the Fund may terminate or modify these services at any time.
- I understand that once a telephone transaction has been placed, it cannot be revoked.
- I understand that investment checks or debits dishonored by my bank may result in a financial loss to the Fund and the Fund may redeem shares in my account to cover any such losses.
- I authorize debits from the bank account referenced in conjunction with the Automatic Investment Plan and/or Telephone Investment Plan options. CGM shall be fully protected in honoring any such transaction.

(section 12 continued on next page)

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12. SHAREHOLDER AUTHORIZATION (continued)

Note: Please sign exactly as name(s) of registered owner(s) appear on your account statements. Include legal capacity if signing for a corporation, trust, custodian account, etc. All owners must sign.

PLEASE SIGN HERE: If you requested a name change in section 11, please sign your former name on the "Signature of Owner" line and sign your new name on the second "Signature of Owner" line.

X _____
Signature of Owner Date

X _____
Signature of Joint Owner Date

X _____
Signature of Owner Date

X _____
Signature of Joint Owner Date

13. SIGNATURE(S) VALIDATED BY:

Name of Bank or Firm

Signature of Officer and Title

Signature Validation Program Stamp

Signature Validation Program Stamp Requirement

Your signature(s) above must receive a Signature Validation Program Stamp (SVP) if you elect; AIP, TIP, SWP, Telephone Redemption by Wire, Telephone Redemption by ACH, or Telephone Exchange. An SVP Stamp is also required to add, change or revoke TOD beneficiary(ies) or authorized access information, or designate a special payee to receive dividends and capital gains and/or withdrawal checks or direct deposits by ACH from your account. A special payee is any individual other than the registered account owner(s). When updating your account due to a name change, both your former name and your new name must have an SVP Stamp. Your signature(s) must be validated by an eligible guarantor institution in accordance with procedures established by BFDS. An SVP Stamp is a widely accepted way to protect shareholders and the Fund by verifying the signature of those signing the request. An SVP Stamp may be obtained from an eligible guarantor of the Signature Validation Stamp Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are NOT acceptable. Prior to signing, contact the guarantor to determine what documentation is needed. For additional clarification of the Signature Validation Program, please call CGM Shareholder Services at 800-343-5678.

IMPORTANT NOTE:

A Medallion Signature Guarantee is also acceptable if a Signature Validation Program Stamp cannot be acquired.

Medallion Signature Guarantees can be obtained by an eligible guarantor institution in accordance with procedures established by BFDS. A Medallion Guarantee is a widely accepted way to protect shareholders and the Fund by verifying the signature of those signing the request. A Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are **not** acceptable. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation is needed and confirm the guarantor will insure the amount of the transaction. For additional clarification on Medallion Signature Guarantees, please call CGM Shareholder Services at 800-343-5678.

Please mail your completed form in the enclosed envelope to:
The CGM Funds, c/o BFDS, P.O. Box 8511, Boston, MA 02266-8511

Or by overnight mail to:
The CGM Funds, c/o BFDS, 30 Dan Road, Canton, MA 02021-2809

Instructions and transaction requests by facsimile or e-mail are not accepted.