

SECTION 1: Account Information

Account Number _____

Owner _____

Social Security Number _____

Date of Birth _____

Joint Owner (if applicable) _____

Mailing Address _____

City, State, Zip Code _____

() Day Phone () Evening Phone

E-mail Address _____

Check here if new address

SECTION 2: Automatic Investment Plan

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue an automatic investment plan. There is a \$100 minimum requirement per month per fund.

Fund Name and Share Class	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like to invest?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 20th of each term (month, quarter, or year).

■ Please provide **bank information** in Section 6, if applicable.

SECTION 3: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest
 Capital Gains distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account.

■ Please provide **bank information** in Section 6, if applicable.

SECTION 4: Systematic Withdrawal Plan

Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue a systematic withdrawal plan. There is a \$250 minimum requirement per month per fund.

Fund Name and Share Class	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about the 20th of each term (month, quarter, or year).

Money is to be sent by: ACH
 Check

■ Please provide **bank information** in Section 6, if applicable.

SECTION 5: Telephone & Online Privileges

Telephone privileges: Add Remove
 Online privileges: Add Remove

Adding telephone/online transaction privileges with redemption capabilities requires **bank information**. Please complete Section 6 if you do not have bank information listed on your account.

