

Mutual Fund Systematic Withdrawal Plan

Application

1 Customer Information

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Brokerage Account # _____

2 Withdrawal Instructions

We will establish a Systematic Withdrawal Plan based on the instructions you complete below. Please use separate applications for withdrawals to be made on different days/months and read the current Prospectus for each fund in which you intend to redeem. If the date you select falls on a weekend or holiday, the withdrawal will be made on the next business day. If the date you select does not occur each month (i.e. 29, 30, or 31), the withdrawal will be made on the first business day of the next month. You must have at least 2 withdrawals per 12-month period to use this service. **There is a minimum withdrawal amount of \$100 per fund.**

Withdrawal Choice (Please indicate dollar amount to be redeemed from each fund.)

\$ Amount	Mutual Fund (Describe in full, indicate symbol if known)

Check month(s) in which to withdraw:

January February March April May June
 July August September October November December

These withdrawals should take place on the following date of the month selected: (specify 01 to 31)

beginning in: - .

or indicate cycle: Monthly Quarterly Semi-Annual

If applicable, these withdrawals should **stop** on the following expiration date on the month selected:

(specify 01 to 31) beginning in: - .

Your withdrawal amount may be less, based on transaction fees associated with the fund.

Please continue to the other side.

3

Payment Instructions

Choose **one** of the four settlement options listed:

- Send a check payable to me (us) to the mailing address on my (our) account.**
- Credit the proceeds to my (our) checking/savings account through EFT/ACH system.** Requires customer(s) signature(s).

Your shares will be sold on the date you selected and the proceeds will be deposited to your bank in 2-4 business days. Passbook savings accounts are **not** eligible and your bank must be a member of the Automated Clearing House (ACH) system. Your brokerage account and your bank account must have the same registration. Please note there is a 7 business day pre-note period before the EFT link becomes active. Please attach a voided check or preprinted deposit slip from your bank account and complete the following information:

Bank Name _____

Bank Account # _____

Bank Automated Clearing House (ACH) # (contact your bank for this information) _____

Check off type of Account: Checking/Demand Deposit Savings/Money Market

Credit proceeds directly to my (our) bank account (bank affiliated accounts only).*

Credit the proceeds to my (our) brokerage account.*

*** All transaction settlements including, but not limited to, stock and bond transaction settlements in your brokerage account will be settled in the same manner as your Systematic Withdrawal Plan.**

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Signature

I (We) hereby authorize and request the withdrawals to be made on my (our) account as instructed above. I (We) agree that neither this fund, nor the broker/dealer with whom this account is established, nor National Financial Services LLC (clearing and executing agent), will be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that I will not receive an immediate transaction confirmation for each investment and that the details of each transaction will be provided on a periodic statement sent to me no less than quarterly. I represent that I have read and understand the prospectus for each fund in which I have instructed you to redeem on my behalf.

If my (our) account is being settled through the EFT/ACH system, I (We) hereby authorize and request National Financial Services LLC ("NFS") to make payment of amounts representing the proceeds of securities transaction(s) entered into me (us) or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to my (our) account indicated in the bank named above (Bank), and I (we) hereby authorize and request the Bank to accept any such credit or debit entries initiated by NFS to such account and to credit or debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto. I (We) hereby ratify any telephone instructions given pursuant to this authorization and agree that NFS will not be liable for any loss, liability, cost or expense for acting upon this authorization.

It is understood that this authorization may be terminated by me (us) at any time three days prior to any scheduled transaction by written notification received by both NFS and the Bank. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time to act on it.

Signature _____

Date - -

Signature of Joint Owner, (if applicable) _____

Date - -

Rep Name (Print) _____

Rep # _____

Rep Phone # _____