

Systematic Withdrawal Plan

Monthly amount of \$ _____ Date for payment _____

- Check to address of record
- ACH (Please complete Section 7)
- Federal Funds Wire (Please complete Section 7)

If you have elected the Systematic Withdrawal Plan redemptions can be made by check in the amount specified and will be mailed to the investor's address of record, once a month on a date you specify. If the date you choose occurs on a weekend or holiday, the payment will be made on the immediately preceding business day.

Telephone Authorization

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with corresponding registration. I (we) also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) do not authorize telephone exchanges.
- I (We) do not authorize telephone redemptions.

If you have selected Telephone Authorization privileges and would like to have your redemption proceeds sent via ACH or by Federal Funds Wire, you must complete Section 7. The account name(s) in Section 7 must match exactly at least one name in Section 2. A blank, voided check or deposit slip is necessary to provide account and bank routing information and must accompany this application. Check the following box if you decline wire redemption privileges.

- I (We) do not authorize redemptions by Federal Funds Wire.

Signature Guarantee

Certain changes to your account will require a signature guarantee (for example, adding or changing bank account information, written redemptions over \$100,000, redemptions or distributions to a different account, address, or individual, or any redemption within 30 days of an address change). Contact the Transfer Agent for the signature guarantee policy. **The Transfer Agent reserves the right to require a signature guarantee on all redemptions.**

6. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS (Check one)

If none of the boxes are checked, investors are assigned the Full Reinvestment option.

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.

7. BANK ACCOUNT INFORMATION (Complete only if you have elected certain shareholder privileges in Section 5)

Name of Bank	ABA Number	
Registration on Account	Account Number	<input type="checkbox"/> Savings <input type="checkbox"/> Checking (attach a voided check)
Address	City	State Zip Code

