

SYSTEMATIC INVESTMENT PLAN

ACCOUNT INFORMATION

Account Registration (as appears on statement) Fund Account Number

Street Address City State Zip

Home Phone Work Phone E-Mail

BANK INFORMATION

A voided check **MUST** be attached to this form for verification. U.S. banks only.

I authorize the Fund's Agent to draw checks or initiate Automated Clearing House (ACH) debits against the bank account provided below in the amount of \$_____ (minimum \$50), beginning on the 5th or 20th of _____ (indicate month).

Name of Depositor (as shown on bank records)

Bank Account Number Name of Bank Routing/ABA Number

Address of Bank

City State Zip

SIGNATURE AND CONFIRMATION

As a convenience to us, we hereby request and authorize you to honor and charge to our account (i) checks drawn on our account by the fund and payable to the order of Fund, and (ii) ACH debit entries initiated by any of us through the selected fund for the account of the Fund, provided in either case that there are sufficient collected funds in said account to pay the same upon presentation. We agree that your rights with respect to each such check or ACH debit shall be the same as if either were signed personally by each of us. This authority is to remain in effect until revoked by us in writing to you, and until you actually receive such notice, we agree that you shall be fully protected in honoring any such checks or ACH debits. We further agree that if any check or ACH debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Signature(s) of depositor(s): (Sign exactly as shown on bank records)

Owner Signature Date

Joint Owner Signature Date

Signature Guarantee