

Account Number -

# Mutual Fund Periodic Investment Plan Request Form

## 1 Account Registration

Primary Account Holder Name

Entity/Business/Trust Name

Social Security Number or Taxpayer ID Number  Date of Birth

Joint Account Holder/Trustee Name (If Any)

Social Security Number or Taxpayer ID Number  Date of Birth

## 2 Investment Instructions

We will establish a Periodic Investment Plan based on the instructions you complete below. Please use separate applications for investments to be made on different days/months and read the current Prospectus for each fund which you intend to purchase. If the date you select falls on a weekend or holiday, the investment 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 investment will be made on the first business day of the next month. You must have at least 2 investments per 12-month period to use this service, and you must already hold the fund in the account. **A Periodic Investment Plan cannot make the initial investment. There is a minimum investment amount of \$100 per fund.**

Total amount to be invested\* \$

**Investment Choice** (Please indicate dollar amount to be invested in each fund. If the purchase is eligible for breakpoint pricing/load reduction due to Rights of Accumulation, please check off the ROA column and indicate the breakpoint level.):

| \$ Amount            | Mutual Fund (Describe in full, indicate symbol if known) | ROA (✓)                  | Breakpoint           |
|----------------------|--|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                     | <input type="checkbox"/> | <input type="text"/> |

Check month(s) in which to invest:

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

These investments should take place on the following date of the month selected  beginning in  (specify 01 to 31)

or indicate cycle  Monthly    Quarterly    Semi-Annual

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

(specify 01 to 31) beginning in

\*Your investment amount may be less, based on transaction fees associated with the fund.

Please continue to the other side.



5VIBGWPIP001A

### 3 Payment Instructions

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

- Will pay by check for credit within 3 days of investment trade date.
- Debit my (our) checking/savings account through EFT/ACH system. Requires customer(s) signature(s).

Your shares will be purchased on the date you selected. 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 Number

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

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

Debit my (our) bank account (bank affiliated accounts only).\*

Debit my (our) brokerage account.\*

**\*All investments, including, but not limited to, stock and bond investments in your brokerage account will be settled in the same manner as your Periodic Investment Plan.**

### 4 Signature

I (We) hereby authorize and request the investments 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 invest 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 by 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 Number

Rep Phone Number

