

**MUTUAL FUND PERIODIC INVESTMENT PLAN (PIP)
OR SYSTEMATIC WITHDRAWAL PLAN (SWP)**

**Ridge Clearing &
Outsourcing Solutions**

(To Change An Existing Profile)

WALLSTREET[®]

PIP SWP

Customer Information	NAME	BROKERAGE ACCOUNT NUMBER	
	ADDRESS	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
	CITY/STATE/ZIP CODE	DAYTIME PHONE ()	

Change or Modify Account/ Information	We will change your PIP or SWP profile based on the instructions you complete below. Please submit a separate form for each fund you would like changed. Please read the current prospectus for each fund in which you intend to invest.																		
	FUND CUSIP OR TICKER	SYMBOL	TERMINATE AS OF DATE (mm/dd/yy)	DOLLAR AMOUNT TO <input type="checkbox"/> PURCHASE <input type="checkbox"/> WITHDRAWAL FROM \$ _____ TO \$ _____															
	TRANSACTION DATE (mm/dd/yy)			CHANGE FROM _____ TO _____ (i.e. 1 st TO 15 th)															
	CHECK MONTHS																		
	<input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.																		
	OR INDICATE CYCLE																		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Mar., Jun., Sep., Dec.) <input type="checkbox"/> Semi-Annual (Jun., Dec.)																		
	SELECT ONE OF THE FOLLOWING IF APPLICABLE																		
	<input type="checkbox"/> NET ASSET VALUE (NAV) <input type="checkbox"/> LETTER OF INTENT <input type="checkbox"/> RIGHTS OF ACCUMULATION (ROI)																		
	<input type="checkbox"/> BANK INFORMATION (include a new VOID check or deposit slip)																		
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Money Market																			
NAME OF BANK		<table border="1"> <tr> <td>John Doe 123 Your Street Anywhere, U.S.A. 12345</td> <td>No. 6789</td> </tr> <tr> <td colspan="2">Date _____</td> </tr> <tr> <td>Pay To The Order Of: _____</td> <td>\$ <input type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">VOID</td> </tr> <tr> <td colspan="2">Your Bank Name 123 Main Street Anywhere, U.S.A. 12345</td> </tr> <tr> <td colspan="2">Memo _____</td> </tr> <tr> <td>⑆ 0 2 1 0 0 1 0 1 3 ⑆</td> <td>⑆ 3 3 2 1 1 2 1 4 3 ⑆</td> </tr> <tr> <td>Bank Routing Number</td> <td>Bank Account Number</td> </tr> </table>		John Doe 123 Your Street Anywhere, U.S.A. 12345	No. 6789	Date _____		Pay To The Order Of: _____	\$ <input type="text"/>	VOID		Your Bank Name 123 Main Street Anywhere, U.S.A. 12345		Memo _____		⑆ 0 2 1 0 0 1 0 1 3 ⑆	⑆ 3 3 2 1 1 2 1 4 3 ⑆	Bank Routing Number	Bank Account Number
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Bank Routing Number	Bank Account Number																		
ACCOUNT REGISTRATION																			
ACCOUNT NUMBER																			
9 DIGIT ABA NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
<input type="checkbox"/> OTHER	EFFECTIVE DATE (BEGIN INVESTMENTS) (mm/dd/yy)	EXPIRATION DATE (STOP INVESTMENTS) (mm/dd/yy)																	
	(i.e. 15th of the month)	(i.e. 15th of the month)																	

Signature	I (we) hereby authorize and request the investments to be made on my (our) account above. I (we) agree that neither the fund, nor the broker/dealer with whom this account is established, nor Ridge Clearing & Outsourcing Solutions, Inc. (clearing and executing agent), will be liable for any loss, liability, cost, or expense for acting upon such instructions. I acknowledge that I have read and understand the prospectus. 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 Ridge Clearing. Any such notification shall be effective only with respect to transactions initiated after receipt of such notification and a reasonable amount of time to act on it.			
	CUSTOMER SIGNATURE	DATE	SIGNATURE OF JOINT OWNER (if applicable)	DATE
	<input type="text"/>		<input type="text"/>	
FINANCIAL ADVISOR NAME	FC REP NUMBER	FINANCIAL ADVISOR SIGNATURE	DATE	
<input type="text"/>		<input type="text"/>		