

# Mutual Fund Systematic Purchase or Sale Request

(Complete and forward to National Office)

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Registration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Systematic Purchase: \_\_\_\_\_

Systematic Sale: \_\_\_\_\_

CDSC Waiver: \_\_\_\_\_

NAV: \_\_\_\_\_

If yes, reason: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Frequency:     Monthly     Quarterly     Semi Annually     Annually

Fund Symbol/CUSIP: \_\_\_\_\_

Amount/?: \_\_\_\_\_

Fund Symbol/CUSIP: \_\_\_\_\_

Amount/?: \_\_\_\_\_

Fund Symbol/CUSIP: \_\_\_\_\_

Amount/?: \_\_\_\_\_

Fund Symbol/CUSIP: \_\_\_\_\_

Amount/?: \_\_\_\_\_

Fund Symbol/CUSIP: \_\_\_\_\_

Amount/?: \_\_\_\_\_

Any other information regarding purchase or sales (i.e. ROA or LOI):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RR Signature: \_\_\_\_\_ RR #: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ PR #: \_\_\_\_\_ Date: \_\_\_\_\_

## For National Office Use Only

- |   |             |                 |
|---|-------------|-----------------|
| <input type="checkbox"/> NRPF Approval _____                  | Date: _____ | (Compliance)    |
| <input type="checkbox"/> Service – Instructions Entered _____ | Date: _____ | (Service)       |
| <input type="checkbox"/> Enter into Back Office System _____  | Date: _____ | (Documentation) |
| <input type="checkbox"/> Image Document _____                 | Date: _____ | (Documentation) |

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