

MUTUAL FUND SYSTEMATIC WITHDRAWAL PLAN APPLICATION (SWP)



Customer Information	NAME	□ □ □ - □ □ □ □ □ □ - □ □
	ADDRESS	
	CITY/STATE/ZIP CODE	DAYTIME PHONE ()

Withdrawal Instructions

Apex Clearing Corporation will establish a Systematic Withdrawal Plan based on the instructions you complete below. Please use separate applications for withdrawals to be made on different days/months and read the current Prospectus for each fund which you intend to redeem. **Provide Dollar Amount or Share Amount, Name of Mutual Fund, Fund Cusip or Ticker Symbol and indicate if this liquidation is part of a Required Minimum Distribution (RMD). Call your brokerage office if you need assistance completing this application.**

<input type="checkbox"/> WITHDRAWAL AMOUNT \$ _____ or _____ shs	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	PART OF RMD <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WITHDRAWAL AMOUNT \$ _____ or _____ shs	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	PART OF RMD <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WITHDRAWAL AMOUNT \$ _____ or _____ shs	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	PART OF RMD <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WITHDRAWAL AMOUNT \$ _____ or _____ shs	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	PART OF RMD <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WITHDRAWAL AMOUNT \$ _____ or _____ shs	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	PART OF RMD <input type="checkbox"/> YES <input type="checkbox"/> NO

CHECK MONTHS IN WHICH TO REDEEM
 Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

OR INDICATE CYCLE
 Monthly Quarterly (Mar., Jun., Sep., Dec.) Semi-Annual (Jun., Dec.)

EFFECTIVE DATE (begin withdrawals) (mm/dd/yy) EXPIRATION DATE (stop withdrawals) (mm/dd/yy)

DAY ON WHICH TO REDEEM (i.e., 15th of month)

• Your withdrawal amount may be less, based on transaction fees associated with the fund. (See Fund Prospectus.)

Payment Instructions

Send check to address of record.
 Electronic Transfer

I/We hereby authorize Apex Clearing Corporation to initiate entries to transfer funds to or from my/our
 Checking Account Savings Account (select one) indicated below at the depository financial institution named below ("NAME OF BANK"). I/We agree that ACH transactions authorized herein shall comply with all applicable U.S. laws.

ACCOUNT TITLE (Please Type or Print)	NAME OF BANK
9 DIGIT ABA NUMBER	BANK ACCOUNT NUMBER

This authorization shall remain in full force and effect until Apex Clearing Corporation, has received notification from me (or either of us) of its termination. I/We understand that I/we may revoke this authorization by written notification to my/our broker who is obligated to notify Apex Clearing Corporation. Furthermore, this written notification must be received at least three (3) business days prior to the proposed effective date of the termination of the authorization.

Please note that an IRA Distribution Form is required for all ACH distributions from retirement accounts.

Due to varying settlement cycles, the disbursement of your proceeds may take up to 5 days for electronic transfers and 10 days for checks from the date the funds become available.

Signature

I/We hereby authorize and request the redemptions 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 Apex Clearing Corporation (clearing and executing agent) or its representatives, will be liable for any loss, liability, cost, or expense for acting upon such instructions. I/We acknowledge that I/we have read and understand the relevant prospectus(es) for each fund in which I/we have instructed Apex Clearing Corporation to redeem on my/our behalf.

It is understood that this authorization may be terminated by me/us at any time three business days prior to any scheduled transaction provided that I/we supply Apex Clearing Corporation with written notification of such termination. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable amount of time to act on it.

CUSTOMER SIGNATURE ▷	DATE	SIGNATURE OF JOINT OWNER <i>(if applicable)</i> ▷	DATE
CORRESPONDENT AUTHORIZED REP NAME		CORRESPONDENT AUTHORIZED REP SIGNATURE ▷	DATE

If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.

If you are linking your brokerage account to a savings account at your bank, please provide a recent bank statement OR an official letter from your bank.



PLEASE RETAIN A COPY FOR YOUR RECORDS