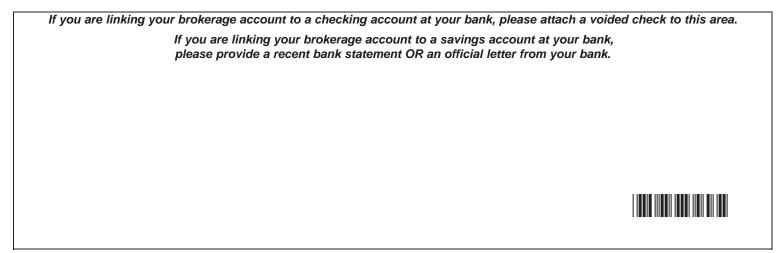
## MUTUAL FUND SYSTEMATIC WITHDRAWAL PLAN APPLICATION (SWP)



Customer Information	NAME			-			
mormation	ADDRESS		·				
	CITY/STATE/ZIP CODE	YTIME 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 <b>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.</b>						
	\$ or shs	NAME OF MUTUAL FUND		CUSIP OR SYMBOL	PART OF RMD □ YES □ NO		
	WITHDRAWAL AMOUNT	NAME OF MUTUAL FUND		CUSIP OR SYMBOL	PART OF RMD		
	\$ or shs				□YES □NO		
	WITHDRAWAL AMOUNT	NAME OF MUTUAL FUND		CUSIP OR SYMBOL	PART OF RMD		
	\$ or shs	NAME OF MUTUAL FUND		CUSIP OR SYMBOL	PART OF RMD		
	\$ or shs			COSII OK STINDOL	□ YES □ NO		
	U WITHDRAWAL AMOUNT	NAME OF MUTUAL FUND		CUSIP OR SYMBOL	PART OF RMD		
	\$ or shs				□ YES □ NO		
	CHECK MONTHS IN WHICH TO REDEEM          Jan.       Feb.       Mar.       Apr.       May       Jun.       Jul.       Aug.       Sep.       Oct.       Nov.       Dec.         OR INDICATE CYCLE       DAY ON WHICH TO REDEEM ( <i>i.e., 15th of month</i> )       DAY ON WHICH TO REDEEM ( <i>i.e., 15th of month</i> )						
	EFFECTIVE DATE (begin withdrawals) (mm/dd/yy)       EXPIRATION DATE (stop withdrawals) (mm/dd/yy)						
	• Your withdrawal amount may be less, based on transaction fees associated with the fund. (See Fund Prospectus.)						
Payment Instructions	<ul> <li>Send check to address of record.</li> <li>Electronic Transfer</li> <li>I/We hereby authorize Apex Clearing Corporation to initiate entries to transfer funds to or from my/our</li> <li>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.</li> <li>ACCOUNT TITLE (<i>Please Type or Print</i>)</li> </ul>						
	9 DIGIT ABA NUMBER		BANK ACCOUNT 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 than an IRA Distribution Form is required for all ACH distributions from retirement accounts.						
	Due to varying settlement cy for checks from the date the	cles, the disbursement of your funds become available.	proceeds may take up to 5 days	for electronic transfer	s and 10 days		

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			



## PLEASE RETAIN A COPY FOR YOUR RECORDS