

MUTUAL FUND PERIODIC INVESTMENT PLAN APPLICATION (PIP)



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

Investment Details
 We will establish a Periodic Investment Plan based on the instructions you complete below. Please use separate application for investments to be made on different days/months and read the current Prospectus for each fund in which you intend to invest. **Provide Dollar Amount, Name of Mutual Fund, Fund Cusip, Ticker Symbol and indicate purchase intent if applicable – Net Asset Value (NAV), Letter of Intent (LOI) or Rights of Accumulation (ROA). Note: Default is Purchase Offer Price (POP). Call your brokerage office if you need assistance.**

INVESTMENT AMOUNT (\$50 MINIMUM*)	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	CHECK ONLY IF APPLICABLE <input type="checkbox"/> NAV <input type="checkbox"/> LOI <input type="checkbox"/> ROA
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CHECK MONTHS IN WHICH TO INVEST
 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 INVEST (i.e., 15th of month)

* Also subject to fund minimum which may be higher than \$50.

Payment Instructions

Electronic Transfer: Debit my (our)
 Checking Account Savings Account Money Market

NAME OF BANK _____

ACCOUNT REGISTRATION _____

ACCOUNT NUMBER _____

9 DIGIT ABA NUMBER [][][][][][][][][]

John Doe
123 Your Street
Anywhere, U.S.A. 12345 No. 6789
Date _____

Pay To The Order Of: _____ \$ []

VOID

Your Bank Name
123 Main Street
Anywhere, U.S.A. 12345

Memo _____

⑆ 2 400 40 34⑆ ⑆ 3 3 2 4 2 1 4 3⑆

Bank Routing Number Bank Account Number

IMPORTANT: PLEASE ATTACH EITHER A VOIDED CHECK OR PREPRINTED DEPOSIT SLIP

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 Person Financial Services, Inc. (Person) (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 Person. 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
FINANCIAL ADVISOR NAME ▷	FA REP NUMBER	FINANCIAL ADVISOR SIGNATURE ▷	DATE