

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



(To Change An Existing Profile)

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. 1st TO 15th)**

CHECK MONTHS

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.)

SELECT ONE OF THE FOLLOWING IF APPLICABLE

NET ASSET VALUE (NAV) LETTER OF INTENT RIGHTS OF ACCUMULATION (ROI)

BANK INFORMATION (include a new VOID check or deposit slip)

Checking Account Savings Account Money Market

NAME OF BANK

ACCOUNT REGISTRATION

ACCOUNT NUMBER

9 DIGIT ABA NUMBER

<input type="checkbox"/> OTHER	EFFECTIVE DATE (BEGIN INVESTMENTS) (mm/dd/yy) <i>(i.e. 15th of the month)</i>	EXPIRATION DATE (STOP INVESTMENTS) (mm/dd/yy) <i>(i.e. 15th of the month)</i>
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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	Dollars
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

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 Penson Financial Services, 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 Penson. 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"/>	