

TRANSCRIPT REQUEST FORM

You can request transcripts of your account history using this form.

Note: Can process over the phone if there is no address change

1. Please send me the following transcripts (Please Print)

Please provide every account number where your name appears in the registration:

Account Owner's Name	Social Security Number	Daytime Telephone Number	
Joint Owner's Name (if applicable)	E-mail Address		
Fund Name	Account Number	Year(s) Requested	or <input type="checkbox"/> All Years
Fund Name	Account Number	Year(s) Requested	or <input type="checkbox"/> All Years
Fund Name	Account Number	Year(s) Requested	or <input type="checkbox"/> All Years
Fund Name	Account Number	Year(s) Requested	or <input type="checkbox"/> All Years

2. Please mail transcripts to:

Check one:

- ☐ Mail transcripts to current address on file.
- ☐ Mail transcripts to the following address (A Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is **required**):

Name			Mailing Address	
City	State	Zip	Daytime Phone	Evening Phone

X Signature	Date
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Title (if owner is an organization) *

X Signature	Date
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Title (if owner is an organization) *

* Must provide certified documentation that identifies who is authorized to act on behalf of the entity.

3. Signature Stamp (If Required)

A Stamp2000 Medallion Signature Guarantee and a Signature Validation Program Stamp may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

A notary public cannot provide a stamp.

Signature of bank account owner _____

Signature of bank account owner (if joint account) _____

Place Stamp Here