# **Change of Address Form**

Regular Mail:<br/>c/o U.S. Bank Global Fund Services<br/>PO Box 701Overnight Delivery:<br/>c/o U.S. Bank Global Fund Services<br/>615 E. Michigan St., FL3 Milwaukee, WI 53201-0701

Milwaukee, WI 53202-5207

By completing this form you authorize U.S. Bank Global Fund Services to amend our records to update your address to current. Please complete all appropriate sections, including the name of the fund you own. Sign and return the form to one of the addresses above. If you have any questions, please call the toll-free number listed on your statement.

## **Investor Information**

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NAME(S) OF REGISTERED OWNER(S)				
MUTUAL FUND FAMILY NAME	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	

2 Old Address

STREET ADDRESS OR P.O. BOX

CITY / STATE / ZIP CODE

#### **3** New Address

Note: The USA PATRIOT Act requires us to obtain your street address. Please complete this section with your Permanent Street Address (P.O. Box is not acceptable). If you wish to use a P.O. Box or other address as your mailing address, complete this section and Section 3.

STREET ADDRESS OR P.O. BOX

CITY / STATE / ZIP CODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

E-MAIL ADDRESS

### 4 Mailing Address

#### **Complete only if different than your Permanent Address (in Section 3)**

If you complete this section, all mailings (including checks, if any) will be sent to the address you provide.

STREET ADDRESS OR P.O. BOX

CITY / STATE / ZIP CODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

# 5 Signature

All registered owners must sign.

I/We auth	orize this chance	e of address fo	r mv account(	s). I/We	have read and	understood the	prospectus	restrictions o	on accounts with	a recently	changed address.

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TAXABLE OWNER / CUSTODIAN / GUARDIAN / TRUSTEE / AUTHORIZED SIGNER SIGNATURE

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

JOINT OWNER / TRUSTEE / AUTHORIZED SIGNER SIGNATURE