

REQUEST TO DELIVER MUTUAL FUNDS TO THE FUND – TFRR

DBS ACCOUNT NUMBER _____

FUND NAME _____

FUND CUSIP _____

INVESTOR'S EXISTING A/C NO. AT FUND _____

REGISTRATION AT FUND _____

TAX ID/CUSTOMER SOCIAL SECURITY NUMBER _____

REP ID _____

REINVEST DIVS _____

PAY DIVS _____

REINVEST LTG _____

PAY LTG _____

REINVEST STG _____

PAY STG _____

AUTHORIZED CORRESPONDENT SIGNATURE

Date dd/mm/yyyy

PLEASE FORWARD REQUEST VIA FAX NO. 866-355-5570

OR MAIL TO THE FOLLOWING:

PERSHING LLC

ATTN: DBS 5TH FL

ONE PERSHING PLAZA

JERSEY CITY, NJ 07399



TFRR