

BREAKPOINT CLAIM FORM

1. Account Information

Account Number:

Name on Account:

2. Your Address and Phone Number

Address:

City:

State:

Zip Code:

Day Time Phone:

Evening Phone:

Fax:

E-Mail Address:

3. Breakpoint Refund Information

Please list each of the mutual funds that you purchased from us for which you believe you may be eligible for breakpoint discounts. For each of the funds listed below, please answer the following question.

Name of Mutual Fund(s) You Purchased Through Us

- 1. 2.
- 3. 4.

(Attach additional sheets if necessary)

We will process your claim for a refund even if you do not answer the question below. However, our analysis of your right to a refund will be limited to the information we have.

Do you, or any person associated with you (such as a spouse, child or parent), own shares in the same fund(s) or in any other fund within the same family(ies) of funds in another securities account, or through another vehicle, such as a 401(k) plan, or entity, such as another broker? \_\_\_Yes \_\_\_No

If the answer to the question above is yes for any mutual fund, please provide the following information as to each account:

Name of Mutual Fund Name on Account/Account Number Entity Holding Account

- 1.
- 2.
- 3.
- 4.

(Attach additional sheets if necessary)

We may contact you for further information concerning these accounts.

PLEASE RETURN THIS CLAIM FORM TO:

[Firm to Insert]