

CHANGE REQUEST DIVIDEND / CAP GAIN OPTIONS

Name _____

Name of JT Owner, Custodian, Trustee (Circle One) _____

APPLY THESE CHANGE(S) TO MY(OUR) ACCOUNTS:

Select one for Dividends and Cap Gains for each account listed:

Fund #	Account #		Check	ACH* To Bank	Reinvest	Transfer to another Account.
		Divs				Fund#
		Cap Gains				Account #

Fund #	Account #		Check	ACH* To Bank	Reinvest	Transfer to another Account.
		Divs				Fund#
		Cap Gains				Account #

Fund #	Account #		Check	ACH* To Bank	Reinvest	Transfer to another Account.
		Divs				Fund#
		Cap Gains				Account #

*Attach a voided check to direct funds to your bank account.

ALL OWNERS **MUST** SIGN:

Signature Date

Signature Date
(Of JT Owner, Custodian, Trustee)

PLEASE MAIL TO: P O BOX 1149, LEXINGTON, KY 40588-1149.