



TRANSCRIPT REQUEST FORM

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

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 (Medallion Signature Guarantee or Signature Validation Program Stamp is **required**):

Name	Mailing Address
City	State
Zip	Daytime Phone
	Evening Phone

X	
Signature	Date

Title (if owner is an organization) *

X	
Signature	Date

Title (if owner is an organization) *

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

3. Signature Guarantee (If Required)

A Medallion Signature Guarantee or 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** give a signature validation program stamp.

Place Stamp Here