



Automated Monthly Dividend Transfer Form

*Required Fields

1. Participant Information

Participant Name*

Participant ID Number*

2. Transaction Type

Select the transaction type for dividend transfer.

Internal Transfer

FROM:

Pool Name

Pool Number

MMDT Account Number

TO:

Pool Name

Pool Number

MMDT Account Number

Wire Redemption (from Account Number listed below to wiring instructions listed below)

Pool Number

MMDT Account Number

Bank Name

Bank ABA Number

Name(s) on Account*

Bank Account Number

ACH Redemption (from Account Number listed below to ACH instructions listed below)

Pool Number

MMDT Account Number

Bank Name

Bank ABA Number

Name(s) on Account*

Bank Account Number

3. Signature

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT.

Authorized Representative Signature*

Date

Printed Name*

Telephone Number

4. Mailing Instructions

The completed Automated Monthly Dividend Transfer Form can be faxed to MMDT Participant Services at 1-617-235-7171, or mailed to:

MMDT Participant Services
P.O. Box 219712
Kansas City, MO 64121-9712