

# Breakpoint Claim Form

## 1. Account Information

Account Number:

Name on Account:

## 2. Your Address and Phone Number

Address:

City:

State:

Zip:

Day Time Phone:

Evening Phone:

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.**

### Name of Mutual Fund(s) You Purchased Through Us

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

(Attach additional sheets if necessary)

For each of the funds listed above, please answer the following question. 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:**