



Systematic Withdrawal Plan

Use this form to establish a Systematic Withdrawal Plan ("SWP") on your account. **Note:** Do **not** use this form to request a withdrawal plan for an IRA account. To set up a withdrawal plan for an IRA account, please complete an *IRA Distribution & Withholding Election Form*, which can be obtained by calling 1-877-594-1249.

Note: All registered owners/trustees must sign in Section 3.

Please provide your primary legal address, in addition to any mailing address (if different).

_____ Owner's Name (First, Middle, Last)	_____ Taxpayer ID Number or Social Security Number
_____ Joint Name (if applicable)	_____ Taxpayer ID Number or Social Security Number (if applicable)
_____ Account Number	_____ Daytime Phone Number
_____ Street Address	_____ Evening Phone Number
_____ City, State, Zip	_____ Email Address

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. To take advantage of this service, your financial institution must accept ACH transactions. I understand that there is no charge for this service from the Fund or its transfer agent, although my bank may have charges that apply, and I may cancel upon 30 days written notice to the address listed at the bottom of this form.

WITHDRAWAL OPTIONS

Fund Name/Share Class: _____ Specify Dollar Amount: \$ _____

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Fund Name/Share Class: _____ Specify Dollar Amount: \$ _____

Frequency (choose one):

- Monthly Semi-Monthly Quarterly Annually Semi-Annually

Start Date: Month _____ Day _____ (If no day is specified, distributions will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday). We must receive this form at least 5 business days prior to the day when the distributions are to begin. If you already have instructions on file, this will replace your existing instructions.

3. CERTIFICATIONS AND SIGNATURES

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to withdraw shares of the Fund as indicated in this form. I have received and read a current prospectus, agree to be bound by its terms and understand the risks associated with investing in the Fund. I acknowledge that withdrawals may reduce, or even deplete, my account. I assume sole responsibility for any tax consequences that may result from the sale or withdrawal of funds pursuant to my instructions set forth herein. This service may be discontinued by the Fund's transfer agent upon depletion of the account or the account holder upon 30 days written notice provided the notice is received no later than 5 business days prior to the specified withdrawal date.

Signature of Account Owner

Date

Medallion Signature Guarantee*

Signature of Joint Owner (if applicable)

Date

Medallion Signature Guarantee*

*A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.

Please mail completed form to:

Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 58154

Or Overnight to:

Gemini Fund Services, LLC
17605 Wright St Ste 2
Omaha, NE 68130