

Breakpoint Claim Form (NAV)

1. Account Information for Firm to Which You Paid a Front-end Load Sales Charge for a Purchase of Mutual Funds

Account Number: _____ Name on Account: _____

2. Your Address and Phone Number

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

3. Breakpoint Refund Information

Please list each of the mutual funds that you purchased for which you believe you may be eligible for breakpoint discounts.

Name of Mutual Fund(s) You Purchased

1. _____ 3. _____

2. _____ 4. _____

(Attach additional sheets if necessary)

For each of the funds listed above, please answer the following question. Your claim for a refund must be processed even if you do not answer the question below. However, the analysis of your right to a refund will be limited to the information on file.

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)

PLEASE RETURN THIS CLAIM FORM TO:

The firm from which you purchased mutual fund shares with a front-end sales load.