

# Account Options Form

Please mail completed form to:  
State Street Global Advisors  
PO Box 701  
Milwaukee, WI 53201-0701

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Important: This form is used to make changes to your existing account(s). Please read your Fund's prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

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## Account Information - *If address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same".*

If this box is checked, I/We give the Fund authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.

\_\_\_\_\_  
Name of Taxable Owner / Trust / Corporation / Entity      Social Security / Tax ID Number      Phone Number

\_\_\_\_\_  
Street Address      City / State / Zip Code

\_\_\_\_\_  
Name of Joint Owner / Trustee / Custodian / Authorized Signer      Social Security / Tax ID Number      Phone Number

\_\_\_\_\_  
Street Address      City / State / Zip Code

\_\_\_\_\_  
Name of Joint Owner / Trustee / Custodian / Authorized Signer      Social Security / Tax ID Number      Phone Number

\_\_\_\_\_  
Street Address      City / State / Zip Code

\_\_\_\_\_  
Name of Joint Owner / Trustee / Custodian / Authorized Signer      Social Security / Tax ID Number      Phone Number

\_\_\_\_\_  
Street Address      City / State / Zip Code

### Please indicate all account(s) that require change:

\_\_\_\_\_  
Fund Name      Account Number

\_\_\_\_\_  
Fund Name      Account Number

\_\_\_\_\_  
Fund Name      Account Number

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## 1. Type of Change - *Check all that apply*

- Telephone/Online Options - complete Sections 2, 3 (*if applicable*), & 7
- Bank Information - complete Sections 2, 3 & 7 (Existing telephone options will be carried over if section 2 is not completed)
- Capital Gains & Dividend Options - complete Sections 3 (*if applicable*), 4, & 7
- Systematic Options - complete Sections 3 (*if applicable*), 5, 6, & 7

## 2. Telephone Options

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established or if new bank information will be added.

Select the option(s) you would like to add to your account(s) below:

Telephone/Online Purchase via Automated Clearing House (ACH)

Telephone/Online Exchange

Telephone/Online Redemption By:  Wire (\$15 fee applies)\*  ACH\*  Check to Address of Record

\* Signature guarantee stamp is required to establish telephone redemption via Wire or ACH to new bank instructions.

## 3. Bank Information\* - Check appropriate action and attach preprinted, voided check or preprinted deposit slip.

Add Bank Information (Existing telephone options will be carried over if section 2 is not completed)

Change Existing Bank Information (Existing telephone options will be carried over if Section 2 is not completed).

Remove Existing Bank Information: No longer valid as of \_\_\_\_\_.

Note: Your bank information will be removed immediately if no date is specified.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below.

Account Type:  Checking  Savings

(We are unable to credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)

\*Adding or changing bank information requires a signature guarantee stamp to establish telephone redemption via Wire or ACH.

Please be advised that a signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in Section 8 and obtain a signature guarantee.

## 4. Capital Gain and Dividend Options

Please complete this section to update the capital gain and dividend distribution options for your account(s).

_____	_____
Fund Name	Account Number
_____	_____
Fund Name	Account Number
_____	_____
Fund Name	Account Number

Capital Gains		Dividends	
Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Cash distributions should be paid by (check one):

Check to Address of Record  ACH to Bank of Record\*\*

\*\*If you choose the options to have distributions sent via ACH to bank of record, please confirm whether you have valid bank information currently on record. If adding or changing bank information, please complete Section 3. Signature guarantee stamp is required in Section 7 to send capital gain and dividend distributions to new bank information.

## 5. Automatic Investment Plan (AIP) - Only for Elfun Fund Accounts

There is a minimum investment of \$25 per Fund account. If the AIP cannot be made due to insufficient funds or stop payment, a \$20 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

### Add a New AIP

Please allow at least 10 business days after receipt of this form before your AIP will be effective.

\_\_\_\_\_ Purchase with: Bank Account\* \_\_\_\_\_  
Fund and Account Number

\_\_\_\_\_ Day(s) of the Month \_\_\_\_\_  
AIP Start Date (Month/Year) Dollar Amount

\$

Dollar Amount

**Note:** The AIP will be purchased on the date requested or first business day after.

**Frequency (check one):**  Semi-Monthly  Monthly

### Update Existing AIP

Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction. If you are changing your bank information please indicate the last day you would like your current AIP to run:

Stop Date \_\_\_\_\_ (Note: Your AIP will be stopped immediately if you no date is specified)

\_\_\_\_\_ Purchase with: Bank Account\* \_\_\_\_\_  
Fund and Account Number

\_\_\_\_\_ Day(s) of the Month \_\_\_\_\_  
AIP Start Date (Month/Year) Dollar Amount

\$

Dollar Amount

**Note:** The AIP will be purchased on the date requested or first business day after.

**Frequency (check one):**  Semi-Monthly  Monthly

*\*Please complete Section 3 if new bank information is being used for the Automatic Investment Plan*

## 6. Systematic Withdrawal Plan (SWP)

Please note that your current account balance must be at least \$10,000 in order to establish a SWP.

**Note:** The SWP will be withdrawn on the date requested or the first business day after.

\_\_\_\_\_ Fund and Account Number

\_\_\_\_\_ Day(s) of the Month \_\_\_\_\_  
SWP Start Date (Month/Year) Dollar Amount

\$

Dollar Amount

**Frequency (check one):**  Monthly  Quarterly  Semi-Annually  Annually

Send proceeds by (check one):  Check

ACH to (check one):  Existing Bank Info  New Bank Info\*  Special Payee\*

\_\_\_\_\_ Special Payee Name \_\_\_\_\_  
Special Payee Address / City / State / Zip Code

**Note:** The SWP will be withdrawn on the date requested or the first business day after.

\_\_\_\_\_ Fund and Account Number

\_\_\_\_\_ Day(s) of the Month \_\_\_\_\_  
SWP Start Date (Month/Year) Dollar Amount

\$

Dollar Amount

**Frequency (check one):**  Monthly  Quarterly  Semi-Annually  Annually

Send proceeds by (check one):  Check

ACH to (check one):  Existing Bank Info  New Bank Info\*  Special Payee\*

\_\_\_\_\_ Special Payee Name \_\_\_\_\_  
Special Payee Address / City / State / Zip Code

**Note:** If you do not indicate a month and day for your SWP, withdrawals will begin on or about the 5th day of the current month.

*\* A signature guarantee stamp is required if adding new bank instruction or if you would like the proceeds sent to a Special Payee.*

*Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.*

*\*\* Requesting proceeds to a checking or savings account requires a signature guarantee stamp if we do not have bank information on record.*

*Please complete section 3 to establish bank information. Establishing a Special Payee requires a signature guarantee stamp.*

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## 7. Signature(s) and Signature Authentication

I have read and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming the transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such period of time. I certify that I am of legal age and have legal capacity to initiate requests on the select account.

The Funds, the applicable Fund, its transfer agent, the distributor, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bank Global Fund Services, the Fund family, and the distributor will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

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Signature of Owner / Trustee / Custodian / Authorized Signer

Date (MM/DD/YYYY)

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Signature of Joint Owner / Co-Trustee / Authorized Signer

Date (MM/DD/YYYY)

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Signature of Joint Owner / Co-Trustee / Authorized Signer

Date (MM/DD/YYYY)

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Signature of Joint Owner / Co-Trustee / Authorized Signer

Date (MM/DD/YYYY)

**\*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

Signature Guarantee/Signature Validation/Notary Stamp

**If required**, a signature guarantee or a signature validation stamp may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible grantor institution. A notary public from a financial institution is also able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

We suggest you contact your financial institution to verify the documentation required to obtain an acceptable form of signature authentication for your specific situation.

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## 8. Bank Account Owner Signature(s) and Signature Guarantee (see Section 3)

If the bank information provided in Section 3, 4 and 6 does not list a registered account owner, trustee, or authorized signer as a bank account owner, *ALL* bank account owners must sign below and obtain a signature guarantee.

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Signature of Bank Account Owner

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Signature of Bank Account Owner

Signature Guarantee

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.