Mutual Funds Redemption Form

Please return completed from to: State Street Global Advisors P.O. Box 701 Milwaukee, WI 53201-0701

1. Account Information					
Name(s) of Account Owner(s)	Social Security / Tax ID Number				
Address City / State / Zip				Daytime Telephone Number	
2. Redemption Information					
Fund Name	Fund Name	Fund Name		Fund Name	
Account Number	Account Number	Account Number		Account Number	
	shares.		a form. lance upon n.	□ Redeem exactly \$ upon receipt of this form. □ Redeem entire balance upon receipt of this form. □ Redeem exactly shares.	
Third Party Name	Third Party Address		City / S	City / State / Zip	
	_	-			
Pay to the order of	Signed	\$	account vi	nable to draft or credit to your a ACH if it is a mutual fund or igh ("further credit to") account.)	

4. Signature(s)

I have received and understand the prospectus for my State Street Global Advisors Fund account. 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 a 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 time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

The State Street Global Advisors Funds, the distributor, the transfer agent, 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 and the Fund family 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 Redemption 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.

Signature		Date (MM/DD/YYYY)
Signature		Date (MM/DD/YYYY)
Signature		Date (MM/DD/YYYY)
Signature		Date (MM/DD/YYYY)
	Note to Financial Institution: Please verify that signature guarantee is equal to or greater than t request.	the surety limit of your he value of this transaction

Signature Guarantee

Your signature must be guaranteed if you are requesting any of the following:

- Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last or 30 days per the Fund's prospectus.
- A distribution made payable to a third party.

Signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

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