

CHECK LIQUIDATION REQUEST

P. O. BOX 5354 ♦ Cincinnati OH 45201 ♦ (800) 421-4184 ♦ Fax (877) 430-6786 ♦ www.eagleasset.com

***NOTE: REQUESTS MUST BE RECEIVED BY 4:00 PM EASTERN TIME TO RECEIVE THAT DAY'S PRICE.**

Client Name: _____ Account #: _____

Fund Name: _____ Share Class: A Shares
 C Shares

Amount: \$ _____ Date: _____

Make check payable to: Address of Record
 Alternate Payee (List Below)

Alternate Payee Information*

(See payee information below)

Payee _____

Address _____

Account # _____

*All account owners must sign and Medallion Signature Guarantee is required if:

- 1) Payments routed to other than registered owner at address of record
- 2) Withdrawal is greater than \$100,000 or
- 3) Address change within the last 30 days.

Client Signature: χ _____

Date: _____

Client Signature: χ _____

Date: _____

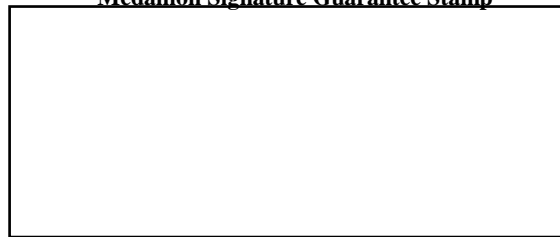
Financial Advisor: _____

Dealer Name: _____

Phone #: _____

Branch #: _____

Medallion Signature Guarantee Stamp



Please call Eagle Fund Services with any questions.
(800) 421-4184 ext. 73550