

DIRECT PAYMENT PLAN REQUEST FORM

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

Use this form to link your Eagle account to your bank account. This program offers you the ability to transfer money between your Eagle account and a like titled bank account, with just a telephone call. * Simply fill out the form below, and we will add these instructions to your account. Once the information is in our files, you may make changes or discontinue this plan at any time. Please allow ten business days for this feature to be established.

New Enrollment Change Existing Instructions Client Name _____
 Fund _____ Share Class _____ Account _____

Bank Information

Attach a voided check here. This is necessary to properly code your drafts.

We cannot accept a temporary check.

A deposit slip is acceptable for savings accounts only.

Bank Name _____ Bank Phone Number _____
 City, State _____
 ABA (Bank Routing Number) _____ Account Number _____
 Name(s) on Bank Account _____ Checking Account Savings Account

One Time Transaction

Money will settle on the second business day after the transaction is processed.
 BUY Eagle Fund SELL Eagle Fund Amount \$ _____ Date _____

Establish a Repetitive Transaction

Automatic Investing - If you wish to have funds credited to your Eagle account on a regular basis, fill out the following: Amount \$ _____ Transfer date (choose one or both) 5th 15th
 Frequency (choose one) Monthly Quarterly Semi-Annually Annually

Systematic Withdrawal - If you wish to have funds credited to your bank account on a regular basis, fill out the following. Money will generally be available in your bank account two business days after liquidation.

Amount \$ _____ Liquidation date 1st 5th 10th 20th
 Frequency Monthly Quarterly Semi-Annually Annually

Signatures

I hereby authorize Eagle Family of Funds to initiate credit and debit entries to my (our) account at the Financial Institution indicated and for the Financial Institution to credit or debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution and the Fund. Eagle Family of Funds may correct any transaction error with a debit or credit to my Financial Institution account and/or the Fund account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify Eagle Family of Funds of its revocation by telephone or in writing and Eagle Family of Funds has had sufficient time to act on it.

Client Signatures(s), all owners on account must sign. _____ Date _____

*If the bank account is registered differently than your Eagle account, a medallion signature guarantee is also required each time you request money to be transferred from Eagle to your bank account. Please place in the space provided above.