

Change Dividend / Capital Gain Options Form

INSTRUCTIONS:

1. Complete the attached Change Dividend / Capital Gain Options Form.
2. Sign the form
3. Mail or fax* the completed, signed form to:

Please send to: **Regular Mail**

Overnight Mail

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Client Services: (800) 544-5445

Fax Services: (833) 748-4712*

You may use this form to change the dividend and / or capital gain options on your PSS account.

IMPORTANT: This form cannot be faxed to PSS if a signature guarantee is required. See the instructions below on when a signature guarantee is required.*

REQUIRED INFORMATION SECTION

NOTE: Please refer to the prospectus to see if the dividend and capital gain option change is available for the fund(s) you have selected. Certain options may not be available for all funds.

If you have multiple fund positions with the account number provided, you must specify the fund number or NASDAQ Symbol for which the dividend/capital gain changes will apply. If you wish to change options for multiple funds, please complete a separate form for each fund.

SECTION 1 – DIVIDEND / CAPITAL GAIN OPTIONS

Please indicate if your dividend and/or capital gains are to be reinvested in the same fund, or if the dividends and/or capital gains are to be paid in cash, or if dividends and capital gains are to be invested in another fund and account number, (this option does require the investment to be in the same share class and same fund family). Please provide the fund number/NASDAQ symbol and account number to reinvest.

Example: LM Growth–A Share to LM Growth and Income A Share, LM Growth-A Share to LM-B Share Growth and Income, **this is not allowable because it is not in same share class**, or LM-A Share to INVESCO Small Cap Growth –A Share, **this is not allowable, because it is not in same fund family**.

SECTION 2 – CASH DISTRIBUTION FOR CERTAIN RETIREMENT PLANS

If you are 59 1/2 or older, you may choose to have your dividends and or Capital Gains paid in cash. Please indicate if you want 10% Federal Income Tax Withholding to apply. If the box is not checked, no withholding will be deducted. If you elect Federal Tax Withholding and you reside in a state that requires mandatory state withholding, State Withholding will also apply to this distribution. The state withholding rate is based on your resident state's requirements.

SECTION 3 – CASH DISTRIBUTION FOR NON-RETIREMENT PLANS

Voluntary Federal Tax Withholding - Available for accounts not subject to backup withholding and serves as a credit to the IRS against your income tax. Please check the box if you want us to withhold **24%** for Federal Income Tax from your redemption proceeds from your voluntary non-retirement plan account. This is a voluntary selection to withhold.

SECTION 4 – PLEASE SEND CASH DISTRIBUTION TO:

Please provide instructions on where to send your dividend and capital gain distributions. Please indicate by checking the appropriate box if you want the dividends and/or capital gains, mailed to your address and account registration, sent by electronic funds transfer to your bank account of record (bank on file with Primerica Shareholder Services), to an alternate bank (if you choose this option, you must attach a voided check and obtain a signature guarantee), or if you would like your distributions sent to an alternate payee or address, please provide the alternate payee name, address and obtain a signature guarantee.

SECTION 5 – SIGNATURE/SIGNATURE GUARANTEE

Please provide the signature(s) of all account owners. If you selected to have your dividends and capital gains be transferred to an alternate bank, or mailed to an alternate payee or address, you must obtain a signature guarantee from a financial institution. The guarantor must provide their signature, title, signatory date, and the financial institution's signature guarantee stamp. If your request requires a signature guarantee, you may not use the fax option to submit your request.

(This page retained by the Client)

(Continue)

REQUIRED INFORMATION: Please complete all information to avoid any delay in processing your request.

Account Owner Name: _____ Social Security Number: _____ Date of Birth: _____
 Account Number: _____ Telephone Number: (required) _____

1 DIVIDENDS AND CAPITAL GAINS

Dividends:

Reinvest in same fund
 Pay dividends in Cash
 Reinvest dividends and capital gains in the following fund and account:
 (Must be within the same class of shares and same fund family)
 Fund Number/ NASDAQ Symbol: _____

Capital Gains:

Reinvest in same fund
 Pay dividends in Cash

Account Number: _____

2 CASH DISTRIBUTION FOR CERTAIN RETIREMENT PLANS

If you are **59 1/2 or older**, you may choose to have your Dividends and Capital Gains paid in cash.

Federal and State Tax Withholding:

NOTE: If you elect Federal Tax Withholding and you reside in a state that requires mandatory state withholding on retirement plan distributions, State Withholding will also apply to this distribution. The state withholding rate is based on your resident state's requirements. Please read Section 2 of the instructions page of this form.

Check the box if you wish 10% Federal Income Tax withheld from your proceeds. If the box is not checked, no taxes will be withheld.

Please read note regarding Federal and State withholding as mandatory **state withholding may apply also**.

3 CASH DISTRIBUTION FROM NON-RETIREMENT ACCOUNTS

Available for accounts not subject to backup withholding and serves as a credit to the IRS against your income tax.

Voluntary Federal Tax Withholding. Check here if you want us to withhold **24%** for Federal Income Tax from your redemption proceeds from your voluntary non-retirement plan account. This is a voluntary selection to withhold.

4 PLEASE SEND CASH DISTRIBUTIONS TO:

The address and registration of listed on the account Transfer to Alternate Bank (attach voided check and signature guarantee required)
 By electronic funds transfer to my bank of record The following special payee and address: (Signature guarantee required)

Name(s): _____

Full Address: _____

5 SIGNATURE/SIGNATURE GUARANTEE(S):

I/We have full authority and capacity to select the chosen account option and agree to be bound by the terms of the application and to the current fund prospectus.
 I/We hereby appoint Primerica Shareholder Services as agent to fulfill any option requested herein and understand that any such option may be revised or revoked without prior knowledge.

X _____ **Date** **X** _____ **Date**
 Account Owner's Signature Account Joint Owner's Signature

X _____ **Date**
 Guarantor Signature/Title Date
 I guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief, the investor(s) is/are of full age and legally competent

 Guarantor Phone Number

Signature Guarantee Stamp