

# Systematic Exchange Plan Form

**INSTRUCTIONS:**

1. Complete the attached Systematic Exchange Plan Form
2. Sign the form
3. Mail or fax the completed, signed form to:

**Please send to: Regular Mail**

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

**Client Services: (800) 544-5445**

**Fax Services: (833) 748-4712**

**Overnight Mail**

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

Fax Service – If your request does not require a signature guarantee, or additional documentation, you may fax this request to 508-599-4068 for processing. You may automatically exchange shares from one fund for shares in another fund within the same class of shares and fund family, on a regular basis. If you do not have an account established in the fund whose shares are being acquired, a new account will be established with the same registration. You may incur an additional sales charge when moving shares from a fund with a lower sales charge to a fund with a higher sales charge. (Please see the prospectus for further details and / or possible tax consequences). Please refer to the table below for fund specific information to establish a Systematic Exchange.

FUND	MINIMUM EXCHANGE AMOUNT	SELLING ACCOUNT MINIMUM VALUE	FREQUENCY
Legg Mason	\$50	N / A	Monthly    Semi-annually Quarterly    Annually
Invesco	\$50	\$5,000	Monthly Twice per month
Amundi Pioneer	\$250 - monthly \$500 - quarterly	\$5,000	Monthly Quarterly
American Century	\$50	N / A	Monthly    Semi-Annually Quarterly    Annually
Franklin Templeton	\$50	\$5,000	Monthly    Semi-Annually Quarterly    Annually
Nuveen	\$50	\$5,000	Monthly    Semi-Annually Quarterly    Annually

A signature guarantee is required if an owner(s) will not be on the registration of the “To” fund and account. The person(s) being removed must provide a signature guarantee on the following page (i.e. An exchange from a joint account to a retirement account).

**NOTE:** You may establish a Systematic Exchange Plan Distribution from a retirement plan account. If you have not reached the age of 59½, you may be subject to a premature withdrawal penalty and Federal Income Tax. You must include your account number on the form so that we may process your Systematic Exchange request.

The Systematic Exchange option is not available for all funds. Please refer to the fund prospectus for the fund you selected to see if this option is available for your fund selection. If you wish to establish this option for multiple funds, please complete a separate form for each fund.

**SECTION 1 - SYSTEMATIC EXCHANGE PLAN OPTIONS**

Please indicate if you are requesting to add the Systematic Exchange to an existing account, change the option on an existing account or cancel option on an existing account. Indicate the month, day and year you wish for the exchange to begin or the change to occur

**SECTION 2 - DISTRIBUTION FREQUENCY**

Please indicate the frequency you wish the Systematic Exchange option to occur; monthly, quarterly, semi-annually, or annually.

**SECTION 3 – EXCHANGE AMOUNT**

Please indicate whether you want a specific dollar amount exchanged or, a specific number of shares to be exchanged.

**SECTION 4 – WITHHOLDINGS (RETIREMENT PLANS ONLY)**

If the exchange is coming “from” a retirement plan account:

**Federal Withholding** - Please indicate your Federal Tax Withholding Election.

Check the box if you wish **10 % Federal Income Taxes withheld from your proceeds of if you want more than 10% withheld please check the box and indicate percentage to withheld.** If no box is checked, no taxes will be withheld.

**Mandatory State Withholding** - If you elect to have federal income tax withheld and you reside in a state that requires mandatory state withholding, then we are required to withhold state income tax also.

**SECTION 5 – EXCHANGE FUNDS AND ACCOUNTS**

Please provide the fund number/NASDAQ symbol and account number from which the exchange is to be processed.

Please provide the fund number/NASDAQ symbol and account number to which the exchange is to be processed, or if the exchange is to be processed into a New Fund, please provide the fund number/NASDAQ symbol for the new fund.

**SECTION 6 – SIGNATURE AND SIGNATURE GUARANTEE**

Please provide the signature(s) for all account owner(s) and if required, the signature guarantee(s) for all owners. Please read above instructions.

**REQUIRED INFORMATION**

Account Owner's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**1 | SYSTEMATIC EXCHANGE PLAN OPTIONS**

Please choose one.

**ADD Option      CHANGE Option      CANCEL Option**

Your Systematic Exchange Plan distribution will begin on the day indicated below.

Change or Begin distribution on: \_\_\_\_\_ (date)

**2 | DISTRIBUTION FREQUENCY**

Please choose one frequency.

**Monthly      Quarterly      Semi-annually      Annually**

**3 | EXCHANGE AMOUNT**

Amount to be exchanged. Select one option.

Dollar Amount: \$ \_\_\_\_\_ OR Number of Shares: \_\_\_\_\_

**4 | WITHHOLDINGS (RETIREMENT PLANS ONLY)**

Check here if you wish to withhold 10 % Federal Income Tax from your payment. If this box is not checked, no taxes will be withheld.

**NOTE:** If you elect Federal Withholding and reside in a state that requires mandatory state withholding, state withholding will also apply to this exchange. The state withholding rate is based on your resident state requirements. Please read Section 4 on the instructions page of this form.

**5 | EXCHANGE FUNDS AND ACCOUNTS**

Exchange "FROM" Fund Number / NASDAQ symbol and account number:

FUND NUMBER / NASDAQ SYMBOL	ACCOUNT NUMBER

If exchanging into an existing account, indicate the fund and account number; otherwise choose a fund from the Fund List. Exchange must be same share class and same fund family.

Exchange "TO" Fund Number / NASDAQ symbol and account number:

FUND NUMBER / NASDAQ SYMBOL	ACCOUNT NUMBER

OR, New Fund Number / NASDAQ symbol: \_\_\_\_\_

**6 SIGNATURE AND SIGNATURE GUARANTEE**

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Joint Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Use the space below for a Signature Guarantee, if required. I/We guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the investor is of full age and legally competent.*

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Officer of Financial Institution

Name / Title of Guarantor: \_\_\_\_\_

Signature Guarantee Stamp

Signature Guarantee Stamp

<p>Once completed, mail or fax the completed form to the address or fax services listed for processing.</p>	<b>Please send to:</b>	<b>Regular Mail</b>	<b>Overnight Mail</b>
		Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 - 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
	<b>Client Services:</b>	<b>(800) 544-5445</b>	
	<b>Fax Services:</b>	<b>(833) 748-4712</b>	