

INSTRUCTIONS:

1. Complete the attached 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) 748-3938	(acceptable if only a notary is not required)

REQUIRED INFORMATION SECTION

The account owner's name and account number are required for PSS to process your request.

SECTION 1 – DISTRIBUTION AMOUNT

Please indicate the amount you wish to redeem from your account. You have three choices:

- All Shares / All Fund Positions - To redeem all shares in a specified fund position with this account number, or you may choose all fund positions be redeemed. Unless otherwise specified, the account(s) will be closed and all options (i.e. Bank Draft, Systematic Withdrawal Plan) will be discontinued.
- Shares - To redeem a specific number of shares from a specified fund position with this account number, or you may choose all fund positions be redeemed. You must leave a minimum balance as outlined in your fund prospectus or have an active Bank Draft Option on your account(s) should you wish the account(s) to remain open.
- Dollars - To redeem a specific dollar amount from a specified fund position with this account number, or you may choose all fund positions be redeemed. You must leave a minimum balance as outlined in your fund prospectus or have an active Bank Draft Option on your account should you wish the account(s) to remain open.

SECTION 2 – DISTRIBUTION METHOD

Please provide mailing instructions for your redemption **check**. We will process and mail your redemption check usually within two to three business days. If you wish to receive the **check via express mail**, please indicate. A daytime telephone number is required for all express mail packages. A signature will be required upon receipt of all express mail packages. A **wire transfer** should take place within 48 to 72 hours of processing your request for a redemption. Please complete the Wire Transfer - Bank Account information and attach a voided check. An **ACH transfer** should take place within 72 to 96 hours of processing your request for a redemption.

- **To me (us for joint accounts) as identified on my / our account registration** - To have the check sent to the address and registration of record.
- **To the following Payee and / or address** - To have the check sent to alternate payee and / or address. (Original Signature Guarantee Required)
- **One-Day air express and deduct the fee charge from my account** - The check will be sent via next-day air express in accordance with the mailing instructions.
- **Wire Transfer to the bank of record** - To have the redemption proceeds wired to the current bank draft account
- **Wire Transfer to a non-record bank** - To have the redemption proceeds sent to a bank account not on file with Primerica Shareholder Services. When processing a Wire Transfer to a non-record bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number, bank account name and number and attach a voided check. A signature guarantee is required to wire transfer proceeds to a non-record bank.
- **ACH Transfer to the bank of record** - to have the redemption proceeds sent to the same account the bank draft option is being deducted from.
- **ACH Transfer to Alternative Bank** - Need Signature Guarantee to send to an alternative bank.

NOTE: The overnight express fee is generally \$20 for most deliveries in the United States, however, if you reside in a rural area in the U.S. the charge could be higher. If you reside in Alaska, Hawaii, Puerto Rico or request overnight express to a PO Box, the overnight fee will be higher and you could be charged as much as \$30.00. If you request overnight express to Guam, the fee charge could be as much as \$70 or more. Your account will be charged accordingly.

SECTION 3 – SIGNATURE / SIGNATURE GUARANTEE

All registered owners must sign the request as their names appear in the account's registration. If the request is being made by an individual(s) other than the account owner(s), they must sign and provide certain documentary evidence to support their position to act on behalf of the account owner(s). An original Signature Guarantee may be obtained from an officer of most financial institutions. We are unable to accept a signature guarantee by a Notary Public. A signature guarantee is a warranty by the grantor that the signature is genuine, and that the person(s) signing is competent and authorized to sign. Signature Guarantee is needed if any one or more of the following conditions exist:

- The amount being reduced from the account is over \$100,000.
- The check is to be payable to an alternate payee and / or address.
- The proceeds are to be wired to a non-record bank.
- If the address of record in our files has been changed within the past 30 days.

Special Instructions: The Signature(s) must correspond in every particular without alteration with the name(s) in the account's registration. By signing this form, I/We acknowledge that I/We have read and accept the terms outlined in the Voluntary Redemption Disclosure Form.

Signature Guarantee Stamp: I guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the applicant is of full age and legally competent. A separate signature guarantee stamp must be affixed to this form for each signor.

(This page retained by the Client)

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

Account Owner Name: _____ Account Number: _____

1 DISTRIBUTION AMOUNT

I/WE would like to receive: (choose one)

	Fund Number / NASDAQ Symbol	# of Shares	\$ Dollar Amount	Continue Draft
All Shares in	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
All Shares in All Fund Positions				

2 DISTRIBUTION METHOD

(NOTE: A signature guarantee is required to mail a check to an alternate payee or address.)

Mail Check

Please mail the check to: (choose one) The address of registration To an alternate payee/address

Name(s): _____

Full Address: _____

Express Mail

Wire Transfer

ACH Transfer

I / We would like to receive a check: (choose one)

I / We would like to receive a wire transfer: (choose one)

I / We would like to receive a ACH transfer: (choose one)

1st Class Mail

To the active bank of record at PSS

To the active bank of record at PSS

Next Day Air (Read note regarding fee on instruction page)

To an alternate bank account

To an alternate bank account

Daytime Phone Number: _____

(original signature guarantee required)

(original signature guarantee required)

3 SIGNATURE & SIGNATURE GUARANTEE

(Please read instructions on page 1)

Signature (Primary Owner) _____ Date _____ Signature (Secondary Owner) _____ Date _____

Guarantor Name

Guarantor Name

Guarantor Phone Number: _____

Guarantor Phone Number: _____

Signature Guarantee Stamp

Signature Guarantee Stamp

WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION

Bank Name: _____ Account Name: _____ Contact Person: _____

Phone Number: _____ Routing Number: _____ Account Number: _____

(NOTE: A signature guarantee is required to wire transfer proceeds to a non-record bank.)

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