Primerica Shareholder Services

Exchange Form

INSTRUCTIONS:

1. Complete the attached Exchange Form
2. Sign the form
3. Mail or fax the completed, signed form and any required disclosure forms 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	

FAX SERVICE: If your request does not require a signature guarantee, additional documentation or other fund requirements, you may fax this request to 833-748-3938.

You may use this form to process a one time exchange, or to exchange shares or dollars from one fund, for shares in another fund within the same class of shares and fund family. (To establish a Systematic Exchange, please use the Systematic Exchange Form, POL-15). If you do not have a fund position established in the fund whose shares are being acquired, a new fund position will be established. 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 refer to the fund's prospectus for further details and / or possible tax consequences).

FROM: SHARE CLASS	TO: ALLOWABLE SHARE CLASS	CAN PROCESS TO SAME FUND FAMILY?	REQUIRE DISCLOSURE (PFSI-DA)
1	A	Y	Y
A	A	Y	N
B	B	Y	N
A	B	N	N / A
B	A	N	N / A*
C	A	N	N / A
C	B	N	N / A
C	C	Y	N / A

***Exchange form B to A shares is only allowed when changing fund family; please see the Cross Fund Family Sell/Purchase Form POL-32 for additional requirements.**

You must include your name and account number on the form so that we may process your Exchange request.

SECTION 1 - TYPE OF EXCHANGE TO BE PROCESSED

Please indicate if you are requesting an Exchange from a non-qualified account (identical registration, same share class, same fund family) or if the exchange is from a qualified plan to another qualified plan (identical registration, same share class, same fund family).

SECTION 2 - EXCHANGE "FROM" INFORMATION

Please indicate the "From" fund company name by checking the appropriate box. Please provide the fund number/NASDAQ symbol and the account number from which the exchange will be processed. Please indicate the amount to exchange. Indicate if you want 100% (all assets), a specific dollar amount, provide dollar amount, a specific percentage of the account assets or a specific number of shares, please include percentage or the number of shares you wish to be exchanged.

SECTION 3 - EXCHANGE "TO" INFORMATION

Please provide the "To" fund company name by checking the appropriate box. Please provide the fund number/NASDAQ symbol and account number to which the exchange is to be processed. If you do not have an existing position in the fund selected, a new fund position will be established. If this account is part of a government allotment, please check the appropriate box or if the investment is part of an existing payroll deduction plan (PDP), enter the PDP# and Group Name.

(Continue)

SECTION 4 - ACCOUNT OPTIONS

If you have account options (ie Bank Draft, Systematic Withdrawal Plan, etc) on the from account and you wish those options to be copied to the new account, you must check this box so options will be copied. If this box is not checked, no account options will be copied. Note: To determine the options available for the fund you have selected, please refer to the fund prospectus.

SECTION 5 - SIGNATURE AND SIGNATURE GUARANTEE

Please provide the signature for account owner, and if required, a signature guarantee. A signature guarantee will be required if the dollar amount you are exchanging is over $499,999.99, unless you are exchanging shares into a money market fund.

(This page retained by the Client)

(Continue)

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Exchange Form

Use this form to request an exchange from one fund position to another fund position within the same share class and fund company.
NOTE: The registration on both accounts must be the same.

Account Owner's Name: ____________________ (Required to complete transaction)

1 TYPE OF EXCHANGE TO BE PROCESSED

Please indicate the type of exchange to be processed by selecting the appropriate box.

☐ **Non-Qualified -** *Exchange Like Plan to Like Plan* – Exchange of assets from one fund position to another fund position within the same fund family. The registration types include: Non-Qualified to Non-Qualified, UGMA/UTMA to UGMA/UTMA etc.

☐ **Qualified Plan to Qualified Plan -** *Exchange Qualified Plan to Qualified Plan* – Exchange of assets from one Qualified Plan to another Qualified Plan within the same fund family. Registration types include: Education IRA to Education IRA, Traditional IRA to Traditional IRA, Non-Contributory (Conduit) IRA to Non-Contributory (Conduit) IRA, SEP IRA to SEP IRA, Roth IRA to Roth IRA, SIMPLE IRA to SIMPLE IRA, 403(b)(7) to 403(b)(7), etc.

2 EXCHANGE "FROM" INFORMATION

Please select the fund family and account number from which the exchange will be processed.

Fund Family: ☐ **Legg Mason** ☐ **Amundi Pioneer** ☐ **Invesco** ☐ **Franklin Templeton**

Exchange "FROM":

FUND NUMBER / NASDAQ SYMBOL	ACCOUNT NUMBER

Amount to Exchange (choose one): ☐ **100%** ☐ **Specific Dollar Amount:** ____________________

☐ **Specific Percentage:** __________ **%** ☐ **Specific Share Amount:** ____________________

3 EXCHANGE "TO" INFORMATION

If you are exchanging to an existing fund and account, enter the number below. If you do not have an existing fund position, choose the fund you wish to invest and enter the fund number/NASDAQ symbol. If this investment is part of a government allotment, check the appropriate box or if the investment is part of an existing payroll deduction plan (PDP), enter the PDP # and Group Name.

Fund Family: ☐ **Legg Mason** ☐ **Amundi Pioneer** ☐ **Invesco** ☐ **Franklin Templeton** ☐ **Nuveen**

Exchange"TO":

FUND NUMBER / NASDAQ SYMBOL	ACCOUNT NUMBER

☐ Government Allocation ☐ PDP #: ____________________

NOTE: If you do not have an existing fund position in the fund selected, the fund position will be established for you.

4 ACCOUNT OPTIONS

☐ By checking this box, please copy all current account options to the new account.
NOTE: If this box is not checked, no account options will be copied.

5 SIGNATURE & 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 ____________________ __________

Signature of Authorized Officer of Financial Institution Date

Name / Title of Guarantor: ____________________

Signature Guarantee Stamp

Once completed, mail or fax the completed form to the address or fax services listed for processing.

Please send to: Regular Mail

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

Client Services: (800) 544-5445
Fax Services: (833) 748-3938

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