



# Systematic Exchange Form

Mail application to: Thornburg C/O DST, PO Box 219017, Kansas City, MO 64121

## 1. Account Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

## 2. Systematic Exchange Plan

I wish to automatically exchange:

\$ \_\_\_\_\_ from fund \_\_\_\_\_ to fund \_\_\_\_\_

\$ \_\_\_\_\_ from fund \_\_\_\_\_ to fund \_\_\_\_\_

\$ \_\_\_\_\_ from fund \_\_\_\_\_ to fund \_\_\_\_\_

\$ \_\_\_\_\_ from fund \_\_\_\_\_ to fund \_\_\_\_\_

## 3. Frequency

Monthly       Quarterly       Semiannually       Annually       Other \_\_\_\_\_

\_\_\_\_\_  
Date to begin (if no date is selected, exchange will default to the 1st of the month)

## 4. Signature (all shareholders listed on account must sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date