

Check here if you are revising an existing account.

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

Account Holder \_\_\_\_\_

SSN or TIN \_\_\_\_\_

**ADDITIONAL ACCOUNT INFORMATION**

If additional space is required on the application form, please use this space to provide the information.

Co-Owner Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN or TIN \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell  Y  N Home Phone \_\_\_\_\_ Cell  Y  N

Co-Owner Name \_\_\_\_\_

Residence Address (physical address required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN or TIN \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell  Y  N Home Phone \_\_\_\_\_ Cell  Y  N

**PURCHASE & REDEMPTION OPTIONS**

New Election       Revised Election       Cancel My Election

Please issue redemptions via:

Electronic deposit into my bank account via ACH. Complete Electronic Transfer Information section.

Wire distributions to bank account. Complete Bank Wire Information section.

Please establish an On-Request Transfer (check all that apply):

Debit my checking/savings account and deposit into my Forward Funds account upon my written request. Complete Electronic Transfer Information section. Maximum amount authorized per transfer \$ \_\_\_\_\_ (amount may not exceed \$100,000).

Debit my Forward Funds account and deposit into my checking/savings account upon my written request. Complete Electronic Transfer Information section. Maximum amount authorized per transfer \$ \_\_\_\_\_ (amount may not exceed \$100,000).

**DISTRIBUTION OPTIONS**

- Reinvest Dividends
- Reinvest Capital Gains
- Pay Dividends in Cash
- Pay Capital Gains in Cash

Please update (check all that apply) to use revised banking instructions provided below:

Cash Distributions     Long Term Capital Gains and Short Term Capital Gains

Please establish an Automatic Investment Plan (AIP) or Systematic Withdrawal Plan (SWP). Complete Electronic Transfer Information section.

For IRAs: *All AIP contributions will be coded as "current year." This form cannot be used for an IRA Distribution.* An IRA Distribution Form must be completed.

PLAN TYPE	FUND CODE*	FUND NAME	\$ AMOUNT	EFFECTIVE DATE
Select ONE of the following:				
<input type="radio"/> Establish Automatic Investment Plan				
<input type="radio"/> Change Automatic Investment Plan				
<input type="radio"/> Establish Systematic Withdrawal Plan**				
<input type="radio"/> Change Systematic Withdrawal Plan**				

\* See Fund Information Page for a list of fund codes, names, and minimums

Begin Investment (Month and Year) \_\_\_\_\_ Preferred Processing Date (Day of the Month) \_\_\_\_\_

Please update (check all that apply) to use revised banking instructions provided below:

AIP     SWP

\*\* Cost basis will be calculated in accordance with Forward Funds' default method or, if specified the standing instructions on file, per account holder request. If you currently have the Average Cost Basis method applied to your account, you cannot revoke this election after the first redemption of covered shares. If you would like to change your method prior to a redemption, the Cost Basis Election Form must be received in good order by Forward Funds before the redemption is requested.

**BANK WIRE INFORMATION**

New Election     Revised Election     Cancel My Election

Wire redemptions to bank account described below.

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank ABA# \_\_\_\_\_ Bank Phone \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_ Account Number \_\_\_\_\_

(at least one name must be in common with name on the Forward Funds account.)

For further credit to \_\_\_\_\_

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

**ELECTRONIC TRANSFER INFORMATION**

New Election     Revised Election     Cancel My Election

Your bank, savings and loan, or credit union must be a member of the Automated Clearing House (ACH) Network. Please attach a voided, pre-printed check or savings slip for this bank account – this service cannot be established without it.

Account Type:     Checking     Savings

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

ABA/Transit Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

(At least one name must be in common with name on the Forward Funds account.)

<b>YOUR NAME</b>	5551
567 Main Street	_____ Date
Anytown, USA	
Pay to the order of _____	\$ _____
<b>NATIONAL BANK NAME</b>	
For _____	
⑆ 321070010 000123456789 5551 ⑆	

ABA/Transit Routing Number    Account Number

**STATEMENTS**

Account Holder authorizes the following individual or entity to receive duplicate statements and confirmations:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**BENEFICIARY CHANGE**

*for use with IRA, Roth IRA, Simple IRA, or SEP IRA only*

This designation becomes effective when this form is received by Forward Funds and will remain in effect until you deliver to Forward Funds another form with a later date. To change or revoke your beneficiary designation, contact [www.forwardfunds.com](http://www.forwardfunds.com) for the appropriate form. All forms must be dated and signed by you. This designation of beneficiary can result in important tax or estate planning consequences. Consult your attorney or tax advisor for additional information.

Note: the percentage must equal 100% for all Primary or all Contingent Beneficiaries. If a trust is designated as a beneficiary, please provide both the date of the trust and the name(s) of the trustee(s). You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA, if no surviving spouse or unmarried, your estate will become the beneficiary of your IRA. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me.

Primary Beneficiary(ies):

NAME AND ADDRESS	SHARE	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP
1. _____ _____	_____ %	_____	_____	_____
2. _____ _____	_____ %	_____	_____	_____

Contingent Beneficiary(ies):

1. _____ _____	_____ %	_____	_____	_____
2. _____ _____	_____ %	_____	_____	_____

For married Shareholders in a community property or marital property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI):

Check here if you do not have a spouse.

If you have not designated your spouse as sole primary beneficiary, please have your spouse sign below:

*I certify that I am the spouse of the individual named above. I approve and consent to the naming of a beneficiary other than myself. I transfer any community property interest I have in this IRA into the separate property of my spouse.*

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I certify with the signature below that I have reviewed all of the information completed on the Account Options Form, and that all this information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDALLION GUARANTEE**

Signature guarantee required for all changes except cancelling an election or adding duplicate statements. Signatures must be medallion guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, Inc., that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten guarantee that is accompanied by a raised corporate seal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Affix signature guarantee stamp below.

Medallion Signature Guarantee Stamp

(Required for payee instruction revisions/changes.)