

Account Options Form

Regular Mail: Eagle Family of Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery: Eagle Family of Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

For additional information please call toll-free 1-800-421-4184 or visit us on the web at www.eagleasset.com.

IMPORTANT: This form is used to make changes to your existing account(s). Please read the Eagle Family of Funds prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

Account Information | If address for Joint Owner(s)/Trustee(s)/ Authorized Signer(s) is identical, please write "Same."

If this box is checked, I/we give Eagle Family of Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.

<small>NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<small>NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<small>NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<small>NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

Please indicate account(s) that require change:

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

<small>FUND NAME</small>	<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>

1 Type of Change | Check all that apply

- Telephone Options - complete sections 2, 3 (if applicable), & 7
- Bank Information - complete sections 3 & 7
- Capital Gains & Dividend Options - complete sections 3 (if applicable), 4, & 7
- Systematic Options - complete sections 3 (if applicable), 5, 6, & 7

2 Telephone Options and Internet Options

Please complete section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

- Telephone or Internet Purchase via Automated Clearing House (ACH)
- Telephone or Internet Exchange
- Telephone or Internet Redemption By: Wire** ACH Check to Address of Record

* A signature guarantee stamp may be required to establish options per the Fund's prospectus.

** Refer to your Fund's prospectus for information relating to fees for proceeds sent via federal wire.

3 Bank Information* | Check appropriate action

- Add Bank Information (attach pre-printed, voided check, or pre-printed deposit slip)
- Change or Remove Existing Bank Information (attach pre-printed, voided check, or pre-printed deposit slip)
- My existing bank information is no longer valid as of _____.

Note: Your bank information will be removed if no date is specified.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below.

Account Type: Checking Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.)

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	
_____ DOLLARS	
Memo _____	Signed _____
⑆ 1 2 3 4 5 ⑈ ⑆ 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆	

* Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

** Please be advised that a signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in section 8 and obtain a signature guarantee.

4 Capital Gain & Dividend Options

* Cash distributions should be paid by (select one):

- Check to Address of Record ACH to Bank of Record

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NUMBER	ACCOUNT NUMBER		

Capital Gains		Dividends	
Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you choose the option to have distributions sent via **ACH to bank of record**, please confirm whether you have valid bank information currently on record. If adding or changing bank information, please complete section 3.

5 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow at least 15 business days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
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FUND AND ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one): Monthly Quarterly Semi-Annually Annually

B Update Existing AIP

Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction. If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately Specific Date _____ (Note: Your AIP will be stopped immediately if no date is specified)

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
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FUND AND ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one): Monthly Quarterly Semi-Annually Annually

**Please complete section 3 if new bank information is being used for the Automatic Investment Plan*

6 Systematic Options | Systematic Withdrawal Plan (SWP)

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
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FUND AND ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

Frequency (check one): Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one): Check ACH to (check one): Existing Bank Info New Bank Info** Special Payee**

<input type="text"/>	<input type="text"/>
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MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
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FUND AND ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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SWP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT

Frequency (check one): Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one): Check ACH to (check one): Existing Bank Info New Bank Info** Special Payee**

<input type="text"/>	<input type="text"/>
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MAKE CHECK PAYABLE TO

STREET ADDRESS / CITY / STATE / ZIP

**Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.*

*** Requesting proceeds to a checking or savings account may require a medallion signature guarantee stamp. If we do not have bank information on record, please complete section 3 of this form. Establishing a Special Payee may require a signature guarantee stamp.*

7 Signature(s) and Signature Guarantee

I have read and understand the prospectus for Eagle Family of Funds. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected account.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and Eagle Family of Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X	
SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER	DATE (MM/DD/YYYY)

***If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

SIGNATURE GUARANTEE STAMP

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution.

A notary public is NOT an acceptable guarantor.

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.

8 Bank Account Owner Signature(s) and Signature Guarantee (see section 3)

If the bank information provided in section 3 does not list a registered account owner, trustee, or authorized signer as a bank account owner, **ALL** bank account owners must sign below and obtain a signature guarantee.

X	X
SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF BANK ACCOUNT OWNER

SIGNATURE GUARANTEE STAMP

We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation.