

Overnight Delivery:

Payden Funds 235 W Galena Street Milwaukee WI 53212 Regular Mail:

Payden Funds P.O. Box 1611 Milwaukee, WI 53201-1611

1.	CURRENT ACCOUNT INFORMATION				
Changes will apply to the following accounts:					
	Fund	Account Number			
	Fund	Account Number			
	Fund	Account Number			
	Fund	Account Number			
	Fund	Account Number			
	Account Registration	Social Security number or Tax Identification Number			
2.	TELEPHONE OPTIONS				
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	A Medallion signature guarantee is required to add telephone exchange or redemption privileges.				
	□Add □Delete				
 ☐ Telephone Exchange. Allows exchanges between identically registered Payden Funds accounts. A \$5,000 minimum applies to new accounts opened exchange (\$2,000 IRA); a \$250 minimum applies to exchanges between existing accounts. ☐ Telephone Redemption. Permits the redemption of a minimum of \$500 and a maximum of \$100,000. A minimum of \$500 must remain in your acc to keep it open. 					
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If you are adding or changing your bank information, please complete Section 5.					
Minimum additions to any fund are \$250 per fund. Automatic investments can be made on the 1st and/or 15th of each month.					
	I would like to:				
	Change Evicting Automatic Investment Plan				
□ Add AutomaticInvestment Plan □ Change Existing AutomaticInvestmen					
☐ Monthly ☐ Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)					
	Begin investment on mm/yy				
	□1st □15th	\$			
		Fund Amount			
	□1st □15th	\$			
		Fund Amount			
	☐1st ☐15th	\$			
	<u></u>	Fund Amount			
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You rau to matic investment will be with drawn directly from your checking or savings account named in Section 5 on the date you have selected or the first business day thereafter. You will be assessed a \$20 fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 15th of each month.

If you would like to change the amount or frequency of your existing automatic investment plan, contact a shareholder services representative.

4.	SYSTEMATIC WITHDRAWAL PLAN				
	If you are adding or changing your bank information ☐Monthly	•	Oct./Feb., May, Aug., Nov./Mar., June, Sept., Dec.)		
	☐Semi-annually (indicate month to start)	☐ Annually (indicate month)			
	□1st □15th		\$		
		Fund	Amount		
	□1st □15th		\$		
		Fund	Amount		
	□1st □15th		\$		
		Fund	Amount		
	Payment Method (check one) ☐ Check to Address of Record ☐ Bank Information Currently on Account ☐ New Bank Information				
	rovisions of the Systematic Withdrawal Plan				
	Payden Funds Systematic Withdrawal Plan is available for	r any shareholder account wo	rth at least \$5,000.		
	By completing this form, you are appointing Payden Fun	ds as your agent to redeem sh	ares in your account to make periodic payments.		
	Payments will be made by redeeming the appropriate nu 1st and/or 15th of each month, or the next business day,	at the then current net asset value. Redemptions will be made on the the prospectus.			
	ince part of each payment will normally consist of a return of capital. of the fund portfolio, using the Plan may reduce or even exhaust your				
5.	BANK INFORMATION				
	This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. If you are adding or changing bank information after your account has been established, a Medallion signature guarantee is required.				
	I would like to: Add Bank Information	☐ Change Existing Bank			
	Information For savings accounts, provide your banks ABA number and savings account number				
	below.				
	Bank Name				
	Bank Address				
	Routing Number	Acc	punt Number		
	Name(s) on Bank Account				
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	Account Type				
	☐ Checking Account				
	☐Savings Account				
	I authorize the bank listed above for:				
	☐ Electronic Funds Transfer (takes 2-3 business days)				
	☐Wire (\$20.00 Fee — takes 1 business day)				
6.	SIGNATURE(S) AND CERTIFICATION				
	I am (we are) of legal age, have received and read the p	prospectus and privacy policy and agree to th	e terms therein.		
	Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).				
	All registered owners, officers, partners, trustees or custoo	dian must sign.			
	Signature of Individual, Trustee, Custodian		Date		
	Signature of Joint Owner, Co-Trustee(s), Partner(s), Other		Date		
	Signature of Joint Owner, Co-Trustee(s), Partner(s), Other		Date		
7.	SIGNATURE(S) GUARANTEE				
	A notarization from a notary public or a signature guar	rantee is not acceptable.			
	Your Signature		Date		
	Medallion Signature Guarantee				
		stamp here			

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