



ACCOUNT REGISTRATION CHANGE FORM

Overnight Delivery:
Paydenfunds
803 W. Michigan St., Suite A
Milwaukee, WI 53233-2301

Regular Mail:
Paydenfunds
P.O. Box 1611
Milwaukee, WI 53201-1611

Please complete and sign a New Account Application and return it along with this form. Additional legal documentation may be required. Please call shareholder services with questions 800-572-9336

1. ACCOUNT INFORMATION

The changes detailed in Section 3 apply to the account(s) listed below.

Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number

2. CURRENT REGISTRATION

Social Security Number/Taxpayer Identification Number

Name(s) on Account(s)

3. NEW REGISTRATION

Individual

Name	Social Security Number	Date of Birth
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Joint Owner (Joint Tenant with Right of Survivorship unless otherwise specified.)

Name	Social Security Number	Date of Birth
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Name	Social Security Number	Date of Birth
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Custodial/Gift to Minor

Custodian	Custodian's Social Security Number	Date of Birth
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Minor	Minor's Social Security Number	Minor's Date of Birth
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Trust, Corporation, Partnership or Other Entity

Name of Entity	Taxpayer I.D. Number	Date of Trust
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Trustee Name(s)*	Partners, Officers, Others*
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*Required to establish telephone privileges.

