



ADDITIONAL INVESTMENT FORM

Overnight Delivery:

Payden Mutual Funds
235 W Galena Street
Milwaukee WI 53212

Regular Mail:

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

PLEASE PRINT CLEARLY

1. ADDITIONAL INVESTMENT

Name _____ Date _____

Account Number* _____ Social Security / Tax Identification Number. _____

*If this is your IRA account, please indicate applicable tax year: _____

Yes No This is an IRA rollover.

Please indicate the Fund(s) in which you are investing (\$250 minimum subsequent purchase per Fund):

Absolute Return Bond Fund (788)

\$ _____

Absolute Return Bond Fund, Adviser Class (789)

\$ _____

Cash Reserves Money Market Fund (986)

\$ _____

California Municipal Income Fund (760)

\$ _____

Core Bond Fund, Adviser Class (770)

\$ _____

Core Bond Fund (974)

\$ _____

Corporate Bond Fund (767)

\$ _____

Emerging Markets Bond Fund, Adviser Class (771)

\$ _____

Emerging Markets Bond Fund (762)

\$ _____

Emerging Markets Corporate Bond Fund, Adviser Class (781)

\$ _____

Emerging Markets Corporate Bond Fund (778)

\$ _____

Emerging Markets Local Bond Fund, Adviser Class (775)

\$ _____

Emerging Markets Local Bond Fund (774)

\$ _____

Floating Rate Fund, Adviser Class (780)

\$ _____

Floating Rate Fund (779)

\$ _____

Global Fixed Income Fund (966)

\$ _____

Global Low Duration Fund (977)

\$ _____

GNMA Fund, Adviser Class (772)

\$ _____

GNMA Fund (989)

\$ _____

High Income Fund, Adviser Class (773)

\$ _____

High Income Fund (964)

\$ _____

Limited Maturity Fund (971)

\$ _____

Low Duration Fund (972)

\$ _____

U.S. Government Fund, Adviser Class (769)

\$ _____

U.S. Government Fund(970)

\$ _____

Equity Income Fund, Adviser Class (776)

\$ _____

Equity Income Fund (978)

\$ _____

Strategic Income Fund, Adviser Class

\$ _____

Strategic Income Fund, (785)

\$ _____

Enclosed is my check made payable to Payden Mutual Funds for \$_____.
(For funds transfer, please call 1-800-572-9336 for wire instructions.)

2. CHANGE OF ADDRESS

Name

Home Address: Street

City

State

Zip

Daytime Phone Number

Evening Phone Number

E-mail Address

Signatures(s)

All registered owners must sign this form to effect an address change