

# Mutual Funds Redemption Form

Please mail completed form to:  
State Street Global Advisors  
c/o U.S. Bank Global Fund Services  
PO Box 219238  
Kansas City, MO 64121-9238

## 1. Account Information

Name(s) of Account Owner(s) \_\_\_\_\_ Social Security / Tax ID Number \_\_\_\_\_  
Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

## 2. Redemption Information

_____ Fund Name	_____ Fund Name	_____ Fund Name	_____ Fund Name
_____ Account Number	_____ Account Number	_____ Account Number	_____ Account Number
<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.
<input type="checkbox"/> Redeem entire balance upon receipt of this form	<input type="checkbox"/> Redeem entire balance upon receipt of this form	<input type="checkbox"/> Redeem entire balance upon receipt of this form	<input type="checkbox"/> Redeem entire balance upon receipt of this form
<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.

Distribution(s) should be paid by:

- Check to Address of Record    ACH to Bank of Record    Wire to Bank of Record (\$15 fee applies)  
 Overnight to Address of Record (\$15 fee applies)    Third Party (*Signature Guarantee Required*)

Third Party Name \_\_\_\_\_ Third Party Address \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

## 3. Bank Information

A signature guarantee is required in order to add or update bank information for your account(s).

- Add Bank Information (attach a pre-printed, voided check, or a pre-printed deposit slip)  
 My existing bank information is no longer valid.

Type of Account:  Checking    Savings

John Doe 53289  
Jane Doe  
123 Main St.  
Anytown, USA 12345

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⑆ 1 234 56789 ⑆   ⑆ 1 234 56789 ⑆

VOID

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

## 4. Signature(s)

I have received and understand the prospectus for my State Street Global Advisors Fund account. 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 accounts.

The State Street Global Advisors Funds, the distributor, the 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. Bank Global Fund Services and the Fund family 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 authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

I certify that all information in the Redemption Form is accurate, and agree to hold U.S. Bank Global Fund Services 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

Signature Guarantee

**Note to Financial Institution:** Please verify that the surety limit of your Signature Guarantee is equal to or greater than the value of this transaction request.

Your signature must be guaranteed if you are requesting any of the following:

- Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 30 days per the Fund's prospectus.
- A distribution made payable to a third party.

Signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.