

Systematic Plans Form



Mail: Thornburg, PO Box 219017, Kansas City, MO 64121

Overnight: Thornburg, 801 Pennsylvania Ave, Suite 219017, Kansas City, MO 64105

Phone 800.847.0200 | Fax 505.984.8973

1. Account Information

Owner Name(s)	Account Number(s)		
Current Address	City	State	Zip Code
Phone Number	Email Address		

2. Automatic Investment Plan

I wish to invest directly from my bank account into the following fund(s):

Fund	Amount (minimum \$100 per fund)
Fund	Amount (minimum \$100 per fund)

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other _____

Start date: _____ month/day/year (If no date is selected, purchase will occur on the 1st business day of the month.)

3. Systematic Withdrawal Plan

I wish to withdraw directly from my account from the following fund(s):

Fund	Amount (minimum \$50 per fund)
Fund	Amount (minimum \$50 per fund)

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other _____

Start date: _____ month/day/year (If no date is selected, or if SWP is by check, withdrawal will occur on the 1st business day of the month.)

I request this distribution be:

☐ Directly deposited in my bank account.

☐ Sent to address of record.

☐ Sent to a special payee at the address below.

Name			
Street Address	City	State	Zip

4. Systematic Exchange Plan

I wish to automatically exchange (the class of shares must be the same):

\$ _____ from fund _____ to fund _____

\$ _____ from fund _____ to fund _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other _____

Exchange to start: _____ month/day/year (If no date is selected, withdrawal will occur on the 1st business day of the month.)

5. Bank Information

- ☐ Use bank information on file
- ☐ Use bank information from attached voided check, bank statement, or savings deposit slip (must show bank account registration/number/routing information), OR
- ☐ If you are not able to attach a pre-printed document, please complete section below and have your signature Medallion Guaranteed

Bank Name

Account Number

Nine-digit ABA Routing Number

Name(s) on bank account

- ☐ Checking Account
- ☐ Savings Account

6. Signature

Form must be signed by all shareholders or the representative listed on the account

Signature Date

Signature Date

Signature Date

Signature Date

A Medallion Signature Guarantee Stamp is required under the following circumstances:

- The proceeds are being sent somewhere other than the address of record on your account, to a special payee or to new banking information;
- Your address or banking information has changed in the past 15 days.

Affix Guarantee Here

This is not a complete list of requirements. Please contact a representative of the Fund at 800-847-0200 for more information.