

INVESTOR CHANGE OF ADDRESS

This form may be used by any current investor (an "Investor") in any investments to change the Investor's address for delivery information and distributions.

Complete and deliver this form to:
SHAREHOLDER SERVICES
866.655.3600

Regular Mail:
P.O. Box 219768
Kansas City, MO 64121-9768

Express/Overnight Delivery:
430 W 7th Street
Kansas City, MO 64105-1407

1. INVESTOR INFORMATION

Name of Owner: _____ Tax ID/SS #: _____

Name of Joint
Owner (if applicable): _____ Account #: _____

2. INVESTOR ADDRESS CHANGE INFORMATION *Please provide current and new address.*

Current Address	New Address
Street/ P.O. Box: _____	Street/ P.O. Box: _____
City: _____	City: _____
State: _____ ZIP Code: _____	State: _____ ZIP Code: _____
Email Address: _____	Email Address: _____
Phone: _____	Phone: _____

3. AUTHORIZATION

The undersigned hereby instructs and authorizes information and distributions for the Program(s) and Social Security or Tax ID Number identified in Section 1 and 2 of this form to be sent to the new address provided above on or after the date this form is processed by the Program(s). If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the Program(s). If the Investor currently has direct deposit of distributions, the Program(s) shall continue to comply with the Investor's existing instructions. To change any direct deposit information, please use the Distribution Modification Request Form.

4. INVESTOR SIGNATURES

MY SIGNATURE BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that information and distributions made prior to the date this instruction becomes effective (generally up to 30 days after receipt of this properly completed form) will be delivered in the manner previously provided for. This instruction supersedes all prior instructions regarding the subject matter hereof.

Signature of Investor or Authorized Person

Printed Name

Date

Signature of Joint Owner, Trustee,
Custodian or Authorized Person, if applicable

Printed Name

Date