



## ACCOUNT OPTIONS FORM

### SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

**Check here if new address**

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

( )

Day Phone

( )

Evening Phone

**Check here if new phone number**

E-mail Address

**Check here if new e-mail address**

### SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and what your new name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 9.

### SECTION 3: Automatic Investment Plan

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:

Establish

Modify or

Discontinue an automatic investment plan

There is a \$100.00/month requirement per term per fund requirement per term per fund.

**SECTION 3: Automatic Investment Plan (continued)**

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

How often would you like automatic investments?

Monthly      Quarterly      Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

If no date is specified, investments will be made on or about the 20th of each month of each Monthly, Quarterly, Annually.

- Please provide bank information in Section 7, if applicable.
- Please Note:
  - Attach a separate letter of instruction if the bank account holder is different than the Forward Funds account holder.
  - The minimum automatic investment is \$100.00.
  - For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
  - A signature guarantee is required if shares are redeemed within \_\_\_\_\_ days of adding or changing bank information.

**SECTION 4: Systematic Withdrawal Plan**

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \_\_\_\_\_ is required.

Please complete this section if you would like to:

Establish      Modify or      Discontinue a systematic withdrawal plan.

There is a \$100.00/month requirement per term per fund requirement per term per fund.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

How often would you like automatic withdrawals?

Monthly      Quarterly      Annually

On or about which date? (e.g., 2nd, 15th) \_\_\_\_\_

If no date is specified, investments will be made on or about the 20th of each month of each Monthly, Quarterly, Annually.

Money is to be sent by:    ACH      Check    or    Cross-Invest

Fund \_\_\_\_\_

Account Number \_\_\_\_\_

- Please provide bank information in Section 7.
- Please note, the cost basis method on your account will be used for redemptions.

**SECTION 5: Distribution Options**

Please complete this section if you would like to change your current distribution option.

Dividend distribution:      Cash      Reinvest  
 Capital Gains distribution:      Cash      Reinvest

Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 7 if you do not have bank information listed on your account.

**SECTION 6: Telephone & Online Privileges**

Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.salientpartners.com.

Telephone privileges:           Add           Remove  
Online privileges:            Add           Remove

Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 7 if you do not have bank information listed on your account.

**SECTION 7: Bank Information**

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

I would like to add bank information to this account to authorize purchase and redemptions via:   ACH transfer and/or   Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.salientpartners.com.

I would like to modify my current bank information on this account for purchases and redemptions via:   ACH and/or   Wire transfer.

I would like to remove bank information on this account for purchases and redemptions via:   ACH and/or   Wire transfer.

**Account type:**                    Checking                    Savings

\_\_\_\_\_ Name on Bank Account Bank Name

\_\_\_\_\_ ABA Routing Number (*First 9 digits at the bottom of the check or deposit slip*)

\_\_\_\_\_ Bank Account Number (*Second set of numbers at the bottom of check or deposit slip*)

**Please attach a voided check or savings deposit slip from the specified bank account.**

I authorize the Forward Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Forward Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Forward Funds. The termination request will be effective as soon as the Forward Funds has had reasonable time to act upon it.

**SECTION 8: Signatures**

I authorize the Forward Funds to make the changes indicated to my account.

I authorize the Forward Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Forward Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

**ALL owners of this account must sign below:**

\_\_\_\_\_ Signature Date (MM/DD/YY)

\_\_\_\_\_ Signature (if applicable) Date (MM/DD/YY)

**SECTION 9: Signature Guarantee (If Required)**

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed (“Medallion Signature Guarantee”) by any “eligible” guarantor. The Medallion Signature Guarantee stamp MUST include the words “Signature Guaranteed, Medallion Guaranteed” and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

**SECTION 9: Signature Guarantee (If Required) (continued)**

Eligible guarantor's: Commercial Banks  
Credit Unions  
Member Firms of a domestic stock exchange  
National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)  
Savings Associations  
Trust Companies

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Medallion Signature Guarantee Stamp (*ID Required*) Bank or Dealer Firm

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Officer's Title Officer's Signature Date (*MM/DD/YY*)

[STAMP]

**Please mail completed form to:**

**Mailing Address**

Forward Funds  
PO. Box 1345  
Denver, CO 80201

**Overnight Address**

Forward Funds  
1290 Broadway, Suite 1000  
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-999-6809 or visit [www.salientpartners.com](http://www.salientpartners.com).