

# Spectrum Account

## Application & Agreement

IF YOU NEED ASSISTANCE, CALL 800 433-1918

RTF708 (01/08)

### Account Information

There may be an annual service fee for the Spectrum Account. Consult your investment professional for details.

Registered Owner:  Individual(s)  Corporation/Incorporated Association  Partnership  Trust

Other  
(such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)

Bank/Brokerage Firm  
**John J. Customer**

Account Name

Joint Account Name  
**123 Nro 456**

Street Address  
**Lima - Peru**

City State Zip  
**10025**

Bank/Brokerage Account Number

Date of Birth  
**2-Feb-68**

Taxpayer Identification Number

Date of Birth

Taxpayer Identification Number  
**+54(012)325-6819**

Home Phone  
**+54(012)323-5656**

Business Phone

### Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature of Individual/Secretary/Certifying Trustee/General Partner/Other

Date

### Checkwriting Information

#### INDIVIDUAL ACCOUNTS

Check Here if two signatures are required on checks.

The above shareholder(s) hereby applies for the Redemption Check Privilege. Please sign this form exactly as your name appears on the account registration. If a joint account, all signatures must be included and each signature guarantees the genuineness of the other's signature.

The signature of each shareholder appearing on this form must be guaranteed by an eligible guarantor institution which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or STAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. Notarization is not acceptable.

The Transfer Agent will only process checks signed in accordance with the instructions on this application.

SIGNATURE GUARANTEED\*

Primary Applicant's Signature

Date

SIGNATURE GUARANTEED\*

Joint Applicant's Signature

\*For joint tenants, please note that each signature must be guaranteed separately.

#### CORPORATIONS, PARTNERSHIPS, TRUSTS OR OTHER INSTITUTIONAL INVESTORS

The following named persons are currently officers/trustees/general partners/other authorized signatories of the Registered Owner, and any ( )\*\* of them ("Authorized Person(s)") is/are currently authorized under the applicable governing document to act with full power to sell, assign or transfer securities of the Fund for the Registered Owner and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name	Title	Specimen Signature
Name	Title	Specimen Signature
Name	Title	Specimen Signature
Name	Title	Specimen Signature

Please attach additional signatures.

\*\*Insert a number. Unless otherwise indicated, the Transfer Agent may honor instructions of any one of the persons named herein.

## Visa® Check Card Information

Please send (select one):  One card  Two cards  Three cards  Four cards  
 One card  Two cards  Three cards  Four cards

The information provided below is necessary for your protection. It will be used occasionally to verify the identity of the card user. Do not exceed 20 characters, including spaces, on the information provided in this section.

<input type="text" value="John J. Customer"/> Cardholder #1 Name (first, middle, last)	<input type="text"/> Cardholder #2 Name (first, middle, last)
<input type="text"/> Cardholder #3 Name (first, middle, last)	<input type="text"/> Cardholder #4 Name (first, middle, last)
<input type="text" value="mith"/> Cardholder #1 Mother's Maiden Name <small>REQUIRED TO ORDER CARDS.</small>	

## Corporations and Incorporated Associations

Each of the following signatures requires either a signature guarantee or corporate seal. If signature guaranteed, signatures must be guaranteed by an eligible guarantor institution, which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or STAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. Notarization is not acceptable.

I, \_\_\_\_\_, Secretary of the Registered Owner named herein, do hereby certify that at a meeting on \_\_\_\_\_, at which a quorum was present throughout, the Board of Directors of the corporation/the officers of the association duly adopted a resolution, which is in full force and effect and in accordance with the Registered Owner's charter and by-laws, which resolution did the following: (1) empowered the Authorized Person(s) named herein to effect securities transactions for the Registered Owner on the terms described in the attached Agreement; (2) authorized the Secretary to certify, from time to time, the names and titles of the officers of the Registered Owner and to notify the Transfer Agent when changes in office occur; and (3) authorized the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until the Transfer Agent receives a duly executed amendment to the Application and Agreement.

Witness my hand on behalf of the Corporation/Association this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE GUARANTEED \_\_\_\_\_  
(or Corporate Seal) Signature of Secretary

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the Corporation/Association.

SIGNATURE GUARANTEED \_\_\_\_\_  
(or Corporate Seal) Signature of Certifying Officer of the Corporation/Association

## All Other Institutional Investors

Each of the following signature(s) must be guaranteed by an eligible guarantor institution, which includes a commercial bank, a domestic savings and loan institution, a domestic credit union, a member bank of the Federal Reserve system, a member firm of a national securities exchange, or STAMP participant, pursuant to the Fund's Transfer Agent's standards and procedures. Notarization is not acceptable.

This is to certify that the signatories on this Application have the authorization to sign on behalf of this account.

SIGNATURE GUARANTEED \_\_\_\_\_  
Signature of Certifying Trustee/General Partner/Other

SIGNATURE GUARANTEED \_\_\_\_\_  
Signature of Certifying Trustee/General Partner/Other

## Agreements

I (We) have read and understand the Agreements attached to this form.

<input type="text"/> Primary Applicant's Signature	<input type="text"/> Date
<input type="text"/> Secondary Applicant's Signature	<input type="text"/> Date
<input type="text"/> Signature of Secretary/Certifying Trustee/General Partner/Other	<input type="text"/> Date