Touchstone Investments®
DISTINCTIVELY ACTIVE®

NEW ACCOUNT APPLICATION

Please complete all sections of this application.
NOT FOR USE WITH IRAs, SEP, SIMPLE, COVERDELL PLANS or CLASS Y SHARES and INSTITUTIONAL SHARES
Return completed form to: Touchstone Investments • P.O. Box 534467 • Pittsburgh, PA 15253-4467
For assistance in completing this form, call 800.543.0407, weekdays between 8:30 a.m. and 7:00 p.m. eastern time

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or others who may be authorized to act on the account. What this means for you: When you open an account, we will ask for your name, permanent street address, date of birth, government identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Corporate, trust and other institutional accounts may require additional documentation. If we do not receive these required pieces of information, there may be a delay in processing your investment request, which could subject your investment to market risk. If we are unable to immediately verify your identity, the Fund(s) may restrict further investment until your identity is verified. However, if we are unable to verify your identity, the Fund(s) reserves the right to close your account without notice and return your investment to you at the price determined as of 4:00 p.m. Eastern Time on the day that your account is closed. If we close your account because we are unable to verify your identity, your investment will be subject to market fluctuation, which could result in a loss of a portion of your principal investment.
(*This information must be provided to open an account.)

1 ACCOUNT INFORMATION

☐ Individual or Joint (1a)* ☐ Sole Proprietorship (4) ☐ Trust/Employer Sponsored Qualified Plan (3)
☐ Corporation or Partnership (4) ☐ Uniform Gift or Uniform Transfer to Minor (UGMA or UTMA) (2)

Complete the appropriate section in parentheses.
**If you wish to add a Transfer on Death (TOD) beneficiary to the account registration, complete Section 1b.*

1a

Please Print (Check one box only)
☐ Individual ☐ Joint Tenant *(For joint-owners, joint tenancy with right of survivorship is presumed unless otherwise specified.)*

Name of Individual Owner – First, Middle Initial, Last*
☐ U.S. Citizen

Owner's Social Security Number*

Date of Birth*

Name of Joint Owner (if any) – First, Middle Initial, Last*
☐ U.S. Citizen

Joint Owner's Social Security Number*

Date of Birth*

1b TRANSFER ON DEATH (TOD) BENEFICIARY DESIGNATION (OPTIONAL)

Complete this section if you wish to add a beneficiary designation to your Individual or Joint account.
Not available for Sole Proprietorship, Trust/Employer, Corporation or Partnership or UGMA or UTMA.

I direct that my Touchstone Funds account be distributed upon my death to the designated beneficiary (ies) below. If any designated beneficiary dies before I do, that beneficiary's share will be divided proportionately among the surviving beneficiaries. If any beneficiary survives me but fails to survive the transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate.
Please print. Note: If the stated percentages do not add to 100%, the beneficiaries' shares will be divided equally.

1. Name | Relationship | Date of birth | SSN
Address | City | State | Zip Code | Percent designated %

2. Name | Relationship | Date of birth | SSN
Address | City | State | Zip Code | Percent designated %

3. Name | Relationship | Date of birth | SSN
Address | City | State | Zip Code | Percent designated %

2 GIFT/TRANSFER

☐ Gift/Transfer to Minor *(Only one Custodian and Minor)*
Please Print

Name of Minor – First, Middle Initial, Last*

Minor's Social Security Number*

Under the _____Uniform Gift/Transfer to Minor Act
(State of Minor's residence)

Minor's Date of Birth*

Name of Custodian – First, Middle Initial, Last*

Custodian's Social Security Number*

Custodian's Street Address*

Custodian's Date of Birth*

City*

State*

Zip*

3 TRUST/ EMPLOYER SPONSORED QUALIFIED PLAN

Please Print (Check one box only)
☐ Trust *(Must provide copy of title and signature page of Trust document)*
☐ Employer Sponsored Qualified Plan *(Must provide copy of plan document)*

Name of Trust Agreement/Qualified Plan

Taxpayer I.D. Number*

Date of Trust Agreement

Name of Trustee(s) – First, Middle Initial, Last*

Trustee's Social Security Number*

Trustee's Date of Birth*

Name of Co-Trustee – First, Middle Initial, Last*

Co-Trustee's Social Security Number*

Co-Trustee's Date of Birth*

Name of Plan Administrator

Telephone Number

Fax Number

Street Address*

City*

State*

Zip*

3a

Securities industry regulations require investment advisory firms to maintain a list of all government entity clients that invest in any participant-directed investment program or plan that is sponsored or established by a state or political subdivision or any agency, authority, or instrumentality thereof, including, but not limited to, 529 college savings programs, 403(b) and 457 retirement plans, and similar programs or plans.

You must disclose the organization's government entity status by checking the box below. If you check the box, your plan will be designated as a government entity (i.e., a state or political subdivision, including any agency, authority, or instrumentality of a state, city, county, or other political subdivision) for purposes of Rule 206(4)-5 of the Investment Advisers Act of 1940.

☐ Yes, I am a government entity ☐ No, I am not a government entity

4 CORPORATION, PARTNERSHIP OR OTHER ENTITY

☐ Corporation, Partnership or Sole Proprietorship
Account owned by an entity. Note: We will require additional information when establishing this account type. Please include the Beneficial Owner Certification Form TSF-2426. Not including this form will cause delay and/or rejection of the account application.
Please Print

Name of Corporation or Sole Proprietorship

Taxpayer I.D. Number*

Check appropriate box for federal tax classification (required):
☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership
☐ Limited Liability Company. Check the tax classification: ☐ C Corporation ☐ S Corporation ☐ Partnership
☐ Other (See Form W-9 Instructions found at www.irs.gov) _____

4 CORPORATION, PARTNERSHIP OR OTHER ENTITY *(Continued)*

Legal documentation (Please note this is not an all inclusive list.):

☐ Corporation—Articles of incorporation
☐ Partnership—Partnership agreement
☐ Other Entity (Additional documentation may be required.)

Please check one of the following if you are an Excluded Entity under the USA Patriot Act:

☐ Financial Institutions regulated by a federal functional regulator
☐ Bank regulated by a state bank regulator
☐ Government agencies and instrumentalities
☐ Publicly traded company in the United States (Please provide company's CUSIP number or trading symbol.)
☐ Retirement plan (ERISA Plans Only.)

5 ADDRESS INFORMATION

Please Print

Mailing Address* _____ Apt. or Unit Number _____

Street Address *(if P.O. Box is listed above)** _____

City* _____ State* _____ Zip* _____

Cell Phone Number _____ Alternate Phone Number _____

6 FOR COMPLETION BY INVESTMENT PROFESSIONAL

An Investment Professional must be named for this Touchstone account to be established. Failure to complete this section in its entirety may cause a delay in investment. We hereby submit this Application for purchase of shares in accordance with the terms of our Selling Agreement with Touchstone Securities, Inc. and the current Prospectus(es) for the Fund(s).

Firm Name _____ Firm Trading ID _____ Branch Office Trading ID _____

Representative's Name _____ Representative's CRD Number _____ Representative's Trading ID _____

Representative's Phone Number _____

Firm Address _____

City _____ State _____ Zip _____

Representative's Branch Office Address _____

City _____ State _____ Zip _____

Authorized Signature of Investment Professional _____ Title _____

Mail to the following:

First Class Mail:
Touchstone Investments
P.O. Box 534467
Pittsburgh, PA 15253-4467

Overnight Mail:
Touchstone Investments
Attention: 534467
500 Ross Street, 154-0520
Pittsburgh, PA 15262
800.543.0407

Customer Service:
800.543.0407

7 INVESTMENT SELECTION INSTRUCTIONS

Investment Selection

Please complete the Investment Selection on pages i and ii at the end of this application.

Note: This application will not be processed unless accompanied by the Investment Selection Form.

8 DOCUMENT DELIVERY

You may elect to view account statements or fund account documents such as tax forms, fund prospectus, semi-annual or annual reports electronically over the Internet rather than receiving paper mailings. This free service will allow you to track your investment(s) more easily by providing fast, convenient, and secure access to account information.

eDelivery

☐ I am interested in the electronic receipt of account documents. I understand that I must enroll at TouchstoneInvestments.com once my account has been established in order for this service to begin.

_____

E-mail Address

If you prefer to receive paper documents: Unless the box below is checked, by signing this Application in Section 9, you authorize each Fund to send only one copy of each Prospectus and shareholder reports to multiple shareholders in your household with the same last name. This process, known as "householding," reduces costs and provides a convenience to shareholders. If you or others in your household invest in the Funds through a broker or other financial institution, you may receive separate Prospectuses and shareholder reports, regardless of whether or not you have consented to householding on this Touchstone Application.

(Check only if you do not want your reports householded.)

☐ I do not elect to participate in householding.

9 TAXPAYER I.D. NUMBER CERTIFICATION/ SIGNATURES

I am (We are) of legal age and capacity, have legal authority to purchase shares, have received and read a current Prospectus for each Fund selected and agree to the terms and conditions on this Application and those contained in the current Prospectus(es) (including the Statement(s) of Additional Information) of the Fund(s) selected for purchase. I (We) acknowledge that the account will be subject to the telephone exchange and redemption privileges (unless declined) described in the Fund(s) current Prospectus and agree that the Fund(s), its Distributor and Transfer Agent will not be liable for any loss in acting on written or telephone instructions reasonably believed by them to be authentic. I (We) acknowledge that I (we) have received and understand the terms of the Trust's and Distributor's Privacy Protection Policy and agree not to hold the Trust and its Distributor and their respective officers, employees, agents and affiliates liable for any actions taken pursuant to the written Privacy Protection Policy.

I (We) hereby ratify any instructions given pursuant to this Application and for myself (ourselves) and my (our) successors and assigns do hereby release each Fund, its Distributor and its Transfer Agent and their respective officers, employees, agents and affiliates from any and all liability in the performance of the acts instructed herein.

I (We) acknowledge that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by any bank, credit union or insurance company and are not federally insured by the FDIC, the Federal Reserve, or any other agency. Mutual fund shares involve certain risks, including the possible loss of principal.

My (Our) signature(s) below constitutes my (our) agreement and acceptance of all the terms, conditions and account features selected in any and all parts of the Application.

Under penalties of perjury, I (we) certify that:

1. The number shown on this form is my (our) correct taxpayer identification number(s), (or I am (we are) waiting for a number to be issued to me (us)); and
2. I am (We are) not subject to backup withholding because:
   a. I am (We are) exempt from backup withholding; or
   b. I (We) have not been notified by the Internal Revenue Service (IRS) that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or
   c. The IRS has notified me (us) that I am (we are) no longer subject to backup withholding; and
3. I am (We are) a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Individual, Joint or Custodian Accounts (Add additional sheets if necessary)

Signature of Individual Owner or Custodian _____ Date _____

Signature of Joint Owner, if any _____ Date _____

Corporation, Partnership, Trust or Other Accounts (Add additional sheets if necessary)

Signature of Authorized Officer, General Partner, Trustee, etc. _____ Date _____

Title of Corporate Officer, General Partner, Trustee, etc. _____

SPECIAL ACCOUNT OPTIONS FORM

A

Complete all applicable Sections.

Return to: Touchstone Investments, P.O. Box 534467, Pittsburgh, PA 15253-4467
Overnight address: Touchstone Investments, Attention: 534467, 500 Ross Street, 154-0520, Pittsburgh, PA 15262, Phone: 800.543.0407

Registration Information

☐ New Account **or** ☐ Existing Fund and Account Number _____

_____ _____

Account Name Social Security Number

B DIVIDEND AND DISTRIBUTION OPTIONS

Choose the way you want your dividend and capital gain distributions paid. Check one box for dividends and one box for capital gains.

☐ Reinvest in the same Fund that pays them. ☐ Dividends ☐ Capital Gains
☐ Reinvest into an existing account in another Touchstone Fund using the Dividend Transfer Option. ☐ Dividends ☐ Capital Gains

_____ _____

Fund Name Account No.

☐ Deposit in my bank account. *(Complete Section D of Special Account Options Form.)* ☐ Dividends ☐ Capital Gains
☐ Paid by check to registration address. ☐ Dividends ☐ Capital Gains

Note: If not specified, dividends and capital gains, if any, will be reinvested in the Fund that pays them.

C INTERESTED PARTY

☐ I wish to have duplicate statements sent to the Interested Party listed below.

_____

Interested Party

_____

Street Address

_____ _____ _____

City State Zip

D BANK INFORMATION

Complete this Section if adding bank information, adding a systematic option or requesting dividends/capital gains be sent to the bank of record.

Please allow 10 business days from the time your bank options are established for this option to be available.

Bank Account Type: ☐ Checking (Please attach a pre-printed voided check – no deposit slips)
☐ Savings (Please attach a pre-printed deposit slip)

☐ Please use my enclosed investment check to establish bank account options on my account in lieu of other acceptable documents named above.

_____

Bank Name

_____

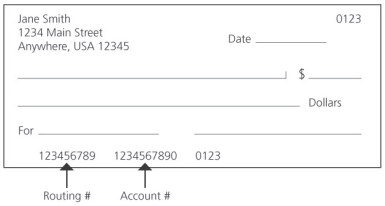
Name(s) on Bank Account

_____

Bank Account Number

_____

9-digit Routing Number (Please verify with your bank)



E COST BASIS ACCOUNTING METHOD ELECTION

On October 3, 2008, the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers.

Touchstone Investments will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). The elected method will be used for all accounts established by this application.

Cost Basis Accounting Methods Touchstone Investments offers (please choose one):

☐ **ACSC (Average Cost Single Category)** Shares are depleted on a first in, first out basis with the cost basis calculated by taking the shares redeemed multiplied by the average cost per share.

☐ **FIFO (First In, First Out)** Oldest shares purchased is first redeemed.

☐ **LIFO (Last In, First Out)** Most recent shares purchased are first redeemed.

☐ **HIFO (Highest Cost, First Out)** Shares with highest cost basis are redeemed first.

☐ **LOFO (Lowest Cost, First Out)** Shares with lowest cost basis are redeemed first.

☐ **HILT (Highest Cost, Long-Term, First Out)** Shares with the long-term highest cost are redeemed first.

☐ **HIST (Highest Cost, Short-Term, First Out)** Shares with short-term highest cost are redeemed first.

☐ **LILT (Lowest Cost, Long-Term, First Out)** Shares with long-term lowest cost are redeemed first.

☐ **LIST (Lowest Cost, Short-Term, First Out)** Shares with short-term lowest cost are redeemed first.

☐ **Specific Lot Depletion** The lots to be depleted are specifically chosen by you at the time of redemption.

Note: Touchstone Investments' default method of Average Cost will be used if a choice is not indicated.

F REDUCED SALES CHARGE

(Only available for Class A shares)

Rights of Accumulation: Are you already a shareholder in another Touchstone Fund? ☐ Yes* **or** ☐ No

**If yes, I apply for Rights of Accumulation reduced sales charges based on the following Touchstone Fund accounts*

Fund	Touchstone Account Number or Social Security Number
_____	_____
_____	_____
_____	_____

Letter of Intent:

☐ I agree to the Letter of Intent provisions in the Fund(s) current Prospectus and Statement of Additional Information. During a 13-month period, I plan to invest $_____, or a dollar amount of at least:

☐ $25,000* ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

**The $25,000 breakpoint is not an option for the following funds: Active Bond Fund, Credit Opportunities Fund, Flexible Income Fund, High Yield Fund, Impact Bond Fund and Core Municipal Bond Fund. The initial breakpoint for these fixed income funds is $100,000. The initial breakpoint for Ultra Short Duration Fixed Income Fund is $50,000.*

Special Purchase Without a Sales Charge

☐ I / We declare that the investment referenced herein is exempt from the imposition of the sales charge for the reason(s) listed below (please refer to the Sales Charge Reductions and Waivers Section of the Prospectus/Statement of Additional Information):

There is no front-end sales charge on the following purchases:

(Please check the exemption that applies)

☐ 1. Purchases by registered representatives or other employees (and their immediate family members*) of broker-dealers, banks, or other financial institutions having agreements with Touchstone.

☐ 2. Purchases in accounts as to which a broker-dealer or other financial intermediary charges an asset management fee economically comparable to a sales charge, provided the broker-dealer or other financial intermediary has a selling agreement with Touchstone.

☐ 3. Purchases by a trust department of any financial institution in its capacity as trustee to any trust.

☐ 4. Purchases through authorized processing organizations described in the Fund's Prospectus.

☐ 5. Purchases by an employee benefit plan having more than 25 eligible employees or a minimum of $250,000 invested in the Touchstone Funds.

☐ 6. Purchases by an employee benefit plan that is provided administrative services by a third party administrator that has entered into a special service arrangement with Touchstone.

☐ 7. Reinvestment of redemption proceeds from Class A or C shares of any Touchstone Fund if the reinvestment occurs within 90 days of redemption.

☐ 8. Purchases into a Fund by any director, officer, employee (and their immediate family members*), or current separate account client of or referral by a Sub-Advisor to that particular Fund.

☐ 9. Purchases by any director, officer or other employee (and their immediate family members*) of Western & Southern Financial Group or any of its affiliates.

☐ 10. Purchases by any employees of BNY Mellon Asset Servicing Inc. who provide services for Touchstone Investments.

F REDUCED SALES CHARGE *(Continued)*

**Immediate family members are defined as the spouse, parents, siblings, domestic partner, natural or adopted children, mother-in-law, father-in-law, brother-in-law and sister-in-law of a registered representative or employee. The term "employee" is deemed to include current and retired employees.*

The undersigned hereby agree(s) to notify Touchstone Securities, Inc. in writing of any change in the foregoing certification and agrees not to purchase additional shares under this privilege unless entitled to do so. The undersigned understands that this privilege may be modified or terminated by Touchstone at any time, and agrees that this privilege is subject to the current Prospectus and Statement of Additional Information of each Touchstone Fund including the condition that shares purchased may not be resold except through redemption or repurchase by Touchstone Securities, Inc.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Fund Approval Date

This privilege will only be granted upon confirmation of your entitlement.

G AUTOMATIC INVESTMENT PLAN

Pre-Authorized Investment Plan — Automatic Investing

I authorize you to withdraw the amount indicated below ($100 initial minimum per Touchstone Fund; $50 subsequent per Fund) from my checking or savings account, beginning in the month of _____ and invest this amount in shares of the Touchstone Fund listed below.

(Please complete the Pre-Authorized Investment Plan Agreement below and Section D.)

Initial

$_____ into the _____ Fund on or about _____
($100 initial minimum) (date)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Subsequent

$_____ into the _____ Fund on or about _____
($50 initial minimum) (date)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Initial

$_____ into the _____ Fund on or about _____
($100 initial minimum) (date)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Subsequent

$_____ into the _____ Fund on or about _____
($50 initial minimum) (date)

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Pre-Authorized Investment Plan Agreement

I agree that if the draft is not honored by my bank upon presentation, Touchstone Investments may discontinue this service. I also authorize Touchstone Investments to liquidate sufficient shares of the Touchstone Fund to make up any deficiency, including costs resulting from a dishonored draft. I understand that this plan may be discontinued at any time by Touchstone Investments or by myself by written notice to Touchstone Investments received no later than ten business days prior to the above designated investment date.

Please note that each draft (per Touchstone Fund account) will be treated as a separate item by your bank. If you would like to purchase shares in more than the two Touchstone Funds listed above, please attach a separate sheet with the information requested above for each additional Touchstone Fund.

I (We) further agree that if any such draft or debt instruction is dishonored, whether with or without cause and whether intentionally or inadvertently, the bank, Touchstone, the Fund(s) and the Transfer Agent shall be under no liability whatsoever.

_____ _____
Depositor's Name (please print) Signature

_____ _____
Depositor's Name (please print) Signature

H SYSTEMATIC PLAN

Systematic Withdrawal Plan

(Required minimum account balance: $5,000)

☐ I wish to automatically withdraw $ _____ from this account.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annual To begin on _____ (day) of _____ (month)

Delivery Option: (check one)

☐ Sent to my address of record.

☐ Directly deposited to my bank account (listed in Section D).

Systematic Exchange Plan

I have at least $5,000 in my Touchstone _____ Fund account, for which no certificates have been issued and I would like to exchange:

$_____ (minimum of $50) into the _____ Fund, Account Number _____

$_____ (minimum of $50) into the _____ Fund, Account Number _____

$_____ (minimum of $50) into the _____ Fund, Account Number _____

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annual To begin on _____ (day) of _____ (month)

Systematic exchanges are only available for identically registered accounts.

I TELEPHONE AUTHORIZATION

Unless the box below are checked, by signing this Application, the investor authorizes each Fund and its Transfer Agent to act on the investor's telephone instructions, or on telephone instructions from any person represented as an authorized agent of the investor and requesting a redemption or exchange on the investor's behalf. The undersigned agrees that any redemption or exchange made pursuant to this authorization shall be subject to the provisions of the current Prospectus of each Fund, and that neither the Funds nor their Transfer Agent or Distributor, nor their respective affiliates, will be liable for any loss, damage, expense or cost which may arise out of any telephone redemption or exchange request they reasonably believe to be genuine, including any fraudulent or unauthorized requests. The investor(s) will bear the risk of any such loss. In an effort to determine that telephone requests are genuine, the Funds and/or their Transfer Agent will employ reasonable procedures, which may include, among others, requiring forms of personal identification prior to acting upon telephone instructions and providing written confirmation of the transactions. Telephone conversations also may be recorded. Redemption proceeds may be wired to the shareholder's account at a commercial bank or brokerage firm in the United States upon verbal request if the bank account information in Section D is complete.

☐ Check only if you do not want to use telephone authorization.

J ACCOUNT HOLDER AUTHORIZATION

Signature(s) (Only complete if Special Account Options Form is submitted separately from the Account Application)

I have read the Prospectus for the Fund(s) and the applicable terms herein for those privileges that I have chosen on this form. I understand that if Touchstone, the Fund or the Transfer Agent fails to follow the procedures in the Prospectus, such entity may be liable for any losses due to unauthorized or fraudulent instructions. If such procedures are followed, such entities shall not be liable for losses due to unauthorized or fraudulent instructions. I further understand that I must carefully review each account confirmation statement or other documentation of transaction that I receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I agree to notify Touchstone, the Fund or the Transfer Agent in a timely manner, but in no event more than 15 days from receipt of such account confirmation statement or documentation of transaction. Failure to notify one of the above entities in a timely manner will relieve such entities of any liability with respect to the transaction and any discrepancy. See Exchange Privileges and Restrictions Sections of the Prospectus for procedures.

For Corporations, Partnerships or Trusts: I/We hereby certify that each of the persons listed below has been duly elected, and is now legally holding the office set forth opposite his/her name and has the authority to make this authorization. Please print titles below if signing on behalf of a corporation or partnership to establish these options. Additional documentation may be required. Please call our Shareholder Services Agent at 800.543.0407 for further instructions.

Signature	Title (If applicable)	Date
Signature	Title (If applicable)	Date

Medallion Signature Guarantee

Place Medallion Guarantee Stamp Here

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

PRIVACY PROTECTION POLICY

We Respect Your Privacy

Thank you for your decision to invest with us. Touchstone and its affiliates have always placed a high value on the trust and confidence our clients place in us. We believe that confidence must be earned and validated through time. In today's world, when technology allows the sharing of information at light speeds, trust must be reinforced by our sincere pledge to take the steps necessary to ensure that the information you share with us is treated with respect and confidentiality.

Our Pledge to Our Clients

- We collect only the information we need to service your account and administer our business.
- We are committed to keeping your information confidential and we place strict limits and controls on the use and sharing of your information.
- We make every effort to ensure the accuracy of your information.

We Collect the Following Nonpublic Personal Information About You

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth; and
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payment history, parties to transactions, cost basis information, and other financial information.

Categories of Information We Disclose and Parties to Whom We Disclose

We do not disclose any nonpublic personal information about our current or former clients to nonaffiliated third parties, except as required or permitted by law.

We Place Strict Limits and Controls on the Use and Sharing of Your Information

- We restrict access to nonpublic personal information about you to authorized employees who need the information to administer your business.
- We maintain physical, electronic and procedural safeguards that comply with federal standards to protect this information.
- We do not disclose any nonpublic personal information about our current or former clients to anyone, except as required or permitted by law or as described in this document.
- We will not sell your personal information to anyone.

We May Provide Information to Service Your Account

Sometimes it is necessary to provide information about you to various companies such as transfer agents, custodians, broker-dealers and marketing service firms to facilitate the servicing of your account. These organizations have a legitimate business need to see some of your personal information in order for us to provide service to you. We may disclose to these various companies the information that we collect as described above. We require that these companies, including our own subsidiaries and affiliates, strictly maintain the confidentiality of this information and abide by all applicable laws. Companies within our corporate family that may receive this information are financial service providers and insurance companies. We do not permit these associated companies to sell the information for their own purposes, and we never sell our customer information.

This policy is applicable to the following affiliated companies: Touchstone Funds Group Trust, Touchstone Strategic Trust, Touchstone Variable Series Trust, Touchstone Securities, Inc.* and W&S Brokerage Services, Inc.

*__Touchstone Securities, Inc.__ serves as the underwriter to the Touchstone Funds and is a registered broker-dealer and member FINRA and SIPC. A Member of Western & Southern Financial Group

The Privacy Protection Policy is not part of the Application.

This page is intentionally left blank.

A INVESTMENT SELECTION

Please check the appropriate box(es) to identify the accompanying paperwork to be used with this Investment Selection Form.

The investment minimums shown below are applicable to classes A, C and S.

Class R6 has an investment minimum of $50,000 regardless of account type.

☐ **1. New Account Application**

Minimum initial investment is $2,500 per Fund or $100 per Fund with Automatic Investment Plan or $1,000 for Custodial Account under a Uniform Gifts/Transfer to Minors Act (UGMA/UTMA). Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased. If you choose to invest using the Automatic Investment Plan, complete Section G on Page 8 of the New Account Application.

☐ **2. Transfer of Assets Form**

Deposit the proceeds into my existing Touchstone IRA. Existing Touchstone Account Number: _____

Minimum initial investment is $1,000 for retirement accounts. Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

☐ **3. SIMPLE IRA – Transfer of Assets Form**

Minimum initial investment is $1,000 for retirement accounts. Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

Existing Touchstone Account Number: _____

☐ **4. Coverdell Education Savings (ESA) – Transfer of Assets Form**

Minimum initial investment is $1,000 per Fund. Indicate your investment amount in the Fund(s) and Class(es) below. If no class is indicated, Class A shares will be purchased.

Existing Touchstone Account Number: _____

☐ **5. SIMPLE IRA Account**

Minimum initial investment is $1,000 per Fund (or $100 per Fund if payroll deduction plan) for retirement accounts. Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

☐ **6. Individual Retirement Account IRA**
Traditional IRA, SEP IRA, Roth IRA

Minimum initial investment is $1,000 per Fund (or $100 per Fund if Automatic Investment Plan). Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

☐ **7. Inherited IRA for Non-Spouse, Trust, Estate or Entity Beneficiary**

Transfer proceeds from existing Touchstone IRA account number _____ into new Inherited IRA. Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, the existing share class will be retained.

☐ **8. Coverdell Education Savings Account**

Minimum initial investment is $1,000 per Fund (or $100 per Fund if Automatic Investment Plan). Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

☐ **9. Non-Custodial – Transfer of Assets Form**

Deposit the proceeds into my existing Touchstone account. Existing Touchstone Account Number: _____

Minimum initial investment is $2,500. Indicate your investment amount in the Fund(s) and Class(es) on the following page. If no class is indicated, Class A shares will be purchased.

B INVESTMENT SELECTION

TOUCHSTONE FUND U.S. EQUITY FUNDS	Dollar Amount	or	Percent	Class A Shares	Class C Shares	Class R6 Shares*	Class S Shares
Dividend Equity Fund	$		%	☐ 6410	☐ 6411	☐ 6414	
Dynamic Large Cap Growth	$		%	☐ 91	☐ 90	☐ 114	
Focused Fund	$		%	☐ 2911	☐ 2912		
Large Cap Fund	$		%	☐ 416	☐ 466		
Large Cap Focused Fund	$		%	☐ 6400	☐ 6401	☐ 6405	
Large Company Growth Fund	$		%	☐ 420	☐ 470		
Mid Cap Fund	$		%	☐ 350	☐ 351	☐ 355	
Mid Cap Growth Fund	$		%	☐ 42	☐ 43	☐ 44	
Mid Cap Value Fund	$		%	☐ 402	☐ 452		
Sands Capital Select Growth Fund	$		%	☐ 411	☐ 461	☐ 346	
Small Cap Fund	$		%	☐ 405	☐ 455		
Small Cap Value Fund	$		%	☐ 35	☐ 36		
Small Company Fund	$		%	☐ 6500	☐ 6501	☐ 6503	
Value Fund	$		%	☐ 2884	☐ 2885	☐ 3044	
INTERNATIONAL/GLOBAL EQUITY FUNDS							
International Value Fund	$		%	☐ 6300	☐ 6301		
Non-US Equity Fund	$		%	☐ 29	☐ 28		
Sands Capital Emerging Markets Growth Fund	$		%	☐ 535	☐ 545	☐ 525	
Sands Capital International Growth Equity Fund	$		%	☐ 66	☐ 67	☐ 71	
INCOME FUNDS							
Active Bond Fund	$		%	☐ 52	☐ 53		
Ares Credit Opportunities Fund	$		%	☐ 414	☐ 464	☐ 574	
Core Municipal Bond Fund**	$		%	☐ 9	☐ 14		
Flexible Income Fund	$		%	☐ 2769	☐ 2771		
High Yield Fund	$		%	☐ 54	☐ 55		
Strategic Income Fund	$		%	☐ 6510	☐ 6511		
Ultra Short Duration Fixed Income Fund	$		%	☐ 2896	☐ 2897		☐ 2894
US Quality Bond Fund	$		%	☐ 409	☐ 459	☐ 1560	
MULTI-ASSET FUNDS							
Balanced Fund	$		%	☐ 6200	☐ 6201	☐ 6204	

Must equal 100%

OTHER _____ $_____

Total investment of $_____. Please make check payable to Touchstone Investments.

*Class R6 investment minimum is $50,000.
**Fund is not available in Traditional, Rollover, Roth, SEP, SIMPLE IRAs and Coverdell ESA's.