



This form should be used if you own an existing Touchstone Fund. If you need assistance completing this form, please contact Shareholder Services at 800.543.0407, weekdays between 8:30 a.m. and 7:00 p.m. eastern time.

**A**

Complete all applicable Sections.

**Return to:** Touchstone Investments, P.O. Box 534467, Pittsburgh, PA 15253-4467

**Overnight address:** Touchstone Investments, Attention: 534467, 1250 Penn Avenue, Suite 102, Pittsburgh, PA 15222, Phone: 800.543.0407

**Registration Information**

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, one box for capital gains.

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

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Reinvest in the same Fund that pays them.  | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest into an existing account in another Touchstone Fund using the Dividend Transfer Option. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |

Fund Name \_\_\_\_\_

Account No. \_\_\_\_\_

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Deposit in my bank account. (Complete Section D) | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Paid by check to registration address.           | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |

**C**

**INTERESTED PARTY**

**Interested Party Mail**

- 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. **Medallion Signature Guarantee is required (See Section J).**

Bank information will be used for: (select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Purchases                        | <input type="checkbox"/> Redemptions                                | <input type="checkbox"/> Dividends/Distributions (complete section B) |
| <input type="checkbox"/> Auto Invest (complete section G) | <input type="checkbox"/> Systematic Withdrawal (complete section H) |   |

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

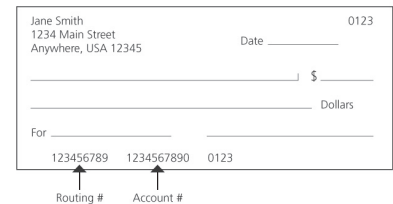
- Bank Account Type:  Checking (Please attach a pre-printed voided check – no deposit slips)  
 Savings (Please attach a pre-printed deposit slip)

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 referenced on this form.

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 share purchased are 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 your 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 II Fund, Flexible Income Fund, High Yield Fund, Impact Bond Fund and Ohio Tax Free 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 number of 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, as defined below), 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 as defined below\*) 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 and father-in-law, son-in-law and daughter-in-law, brother-in-law and sister-in-law, and nephew or niece of a registered representative or employee. The term "employee" is deemed to include current and retired employees.*

The undersigned hereby agrees 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(s) 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**

(Please Note: This section should not be used for retirement accounts. Use form TSF-1683 for retirement account redemptions or form TSF-2518 for retirement account RMD requests)

(Required minimum account balance: \$5,000)

I wish to automatically withdraw \$ \_\_\_\_\_ from this account.

Frequency:  Monthly  Quarterly  Semi-annually  Annually To begin on \_\_\_\_\_ of \_\_\_\_\_  
(day) (month)

Delivery Option: (check one)

Sent to my address of record.

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

**Systematic Exchange Plan (available to all account types)**

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  Annually To begin on \_\_\_\_\_ of \_\_\_\_\_  
(day) (month)

Systematic exchanges are only available for identically registered accounts.

**TELEPHONE  
AUTHORIZATION**

Unless the box below is 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.