



This form should be used by fund direct shareholders who own shares in a Touchstone Fund through an individual retirement account ("IRA"). This form does not apply to shareholders who own shares in a Touchstone Fund through a financial intermediary. 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 9878, Providence, RI 02940-8078

Overnight address: Touchstone Investments, 4400 Computer Drive, Westborough, MA 01581, Phone: 800.543.0407

By Fax: 508.599.4066

Registration Information

Existing Fund and Account Number _____

B

BENEFICIARY DESIGNATION

Account Name _____

Social Security Number _____

Note, the total share of proceeds must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Per Stirpes Beneficiary Designations: The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Participant's Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Please Print

Name _____

Social Security Number _____

Date of Birth _____

Relationship _____

Share of Proceeds
(as a percentage)

Street Address _____

Daytime Telephone Number _____

City _____

State _____

Zip Code _____

Primary

Contingent

B **BENEFICIARY DESIGNATION**
(Continued)

Please Print

Name

Social Security Number

Date of Birth

Relationship

Share of Proceeds
(as a percentage)

Street Address

Daytime Telephone Number

City

State

Zip Code

Primary

Contingent

C **SIGNATURES AND DATES**

By signing below, you:

Affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account(s).

Participant's Signature

Date

Note: Consent of the Participant's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's spouse.

Disclaimer for Community and Marital Property States: The Participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's spouse. For additional information, please consult your legal advisor.

I consent to the Beneficiary Designation

Signature of Spouse

Date

Printed Name of Spouse