

### WITHDRAWAL AUTHORIZATION FORM

Use this form to redeem assets from a **non-retirement** Touchstone account. Incomplete information will result in delays in processing your request. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Signature section for an explanation of the Medallion Signature Guarantee. 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.

### (Complete all sections)

ACCOUNT INFORMATION	☐ Individual or Joint ☐ Sole Proprietorship ☐ Trust ☐ C☐ Uniform Gift or Uniform Transfer to Minor (UGMA or UTMA)	Corporation or Partnership		
	Account Number			
account owner	Please Print			
INFORMATION	Account Registration			
	Street Address	Daytime Telephone Number		
	City	Evening Telephone Number		
	Social Security or Taxpayer ID Number on Current Account	State	Zip Code	
	If the account owner is deceased, please provide the below information:			
	Deceased Account Owner's Name	Account Owner's Date of Death		
	Payee's Name	Social Security/Tax ID No.		
	Street Address	Telephone Number		
	City	State	Zip Code	
	E-mail Address			

Note: If the account owner is deceased, please contact Shareholder Services at the phone number above for further document requirements if you have not already done so. In cases of death, an Inheritance Tax Waiver may also be required, depending on the decedent's state of residence. If there are multiple beneficiaries and one beneficiary is deceased, we require a letter of instruction that provides the date of the beneficiary's death and the letter must be signed by one of the surviving beneficiaries with a Medallion Signature Guarantee (MSG) Stamp or a Signature Validation Program (SVP) Stamp. We would also accept a certified copy of the death certificate for the deceased beneficiary.

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# 2 DISTRIBUTION METHOD (Complete A. B

(Complete A, B and C)

<b>A. Choose one:</b> □ Liquidate Entire Account □	Partial Withdrawal – Dollar Amount \$	or # of Shares		
*If the value of your redemption is more than \$100,0	000 per fund, a Medallion Signature Guarantee is re	equired in Section 3 of this form.		
B. Distribute from:				
Fund Name:	All/Dollar/Share Amou	unt (circle one)		
Fund Name:	All/Dollar/Share Amou	All/Dollar/Share Amount (circle one)		
Fund Name:	All/Dollar/Share Amou	All/Dollar/Share Amount (circle one)		
C. Delivery Instructions:				
<ul> <li>☐ Mail to the address of record</li> <li>☐ Mail to the following address – *Medallion Signature</li> <li>☐ than address if</li> </ul>	nature Guarantee required if payable to a 3rd party record (See Section 3).	and/or mailed to address other		
Attention	For the Benefit of			
Street				
City	State	Zip Code		
<ul> <li>□ Transfer funds via ACH to bank information or</li> <li>□ Transfer funds via ACH to new bank instruction</li> </ul>		rantee required.)*		
Name of Institution	For the Benefit of	For the Benefit of		
Address	Routing and Account	Routing and Account Number		
*Medallion Signature Guarantee may be obtained a	t your local bank or trust company, securities broke	er/dealer, clearing agency or saving		

association. (See Section 3)

## 3 SHAREHOLDER AUTHORIZATION

I authorize the withdrawal as noted above from my Touchstone Investments account and authorize Touchstone Investments and BNY Mellon Asset Servicing to process this request on my behalf. I have read and understand all information on this form and hereby provide the applicable authorization.

I understand that I must carefully review each account confirmation statement or other documentation 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. Failure to notify one of the above entities in a timely manner will relieve such entities of any liability with respect to the account change.

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

- 1. The number shown on this form is my (our) correct taxpayer identification number(s) 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.

	-		se indicate the capacity in which you are actions is the capacity in which you are actions.	ng by checking the
☐ Administrator	☐ Custodian	☐ Surviving Joint Owner	☐ Agent under POA	
☐ Executor	☐ Trustee	☐ Conservator/Guardian	Other, please specify	
domestic bank or tr recognized by the S Medallion Program	rust company, secu Securities Transfer (known as STAMP	urities broker/dealer, clearing ag Agents Association. The three re	our current custodian or transfer agent): An elig ency or savings association that participates in a ecognized medallion programs are the Securitie ogram (SEMP), and the Medallion Signature Prog a signature guarantee.	a medallion program s Transfer Agents
Signature  Place Medallion G	uarantee Stamp I	Date Here (if required)	Additional Account Owner Signature  Place Medallion Guarantee Stamp Here	Date (if required)
Mail to the followi	ng:			
First Class N		Overnight Mai		
Touchstone		Touchstone Inv		
P.O. Box 5344		Attention: 5344		
	A 15253-4467	500 Ross Street,		

Pittsburgh, PA 15262 800.543.0407