



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

**A ACCOUNT CHANGE REQUIREMENTS\*** Existing Touchstone Shareholders seeking to update their account registration should complete this Account Change Form. Review the change options numbered 1 to 6 in Section A to determine the documentation necessary to make your change.

**1 Individual Account – Add Additional Owner:**

- Account Change Form (Sections B, C, D, E)
- New Application (TSF-53)
- Medallion Signature Guarantee (Section I)
- Signed by Current Owner and New Owner

**2 Individual Account – Change of Owner:**

- Account Change Form (Sections B, C, D, E)
- New Application (TSF-53)
- Medallion Signature Guarantee (Section I)
- Signed by Current Owner and New Owner

**3 Joint Account – Remove or Replace a Deceased Owner:**

- Account Change Form (Sections B, C, D, E)
- New Application (TSF-53)
- Medallion Signature Guarantee (Section I)
- Signed by Surviving Owner(s) and New Owner(s)

**4 TOD – Change Account Owner Due to Death:**

- Account Change Form (Sections B, C, D, E)
- New Application (TSF-53)
- Medallion Signature Guarantee (Section I)
- Signed by TOD Beneficiary New Owner

**5 UGMA or UTMA – Change Owner Due to Age of Majority:**

- Account Change Form (Sections B, C, D, E)
- New Application (TSF-53)
- Medallion Signature Guarantee (Section I)
- Signed by former minor or custodian

**6 TOD – Beneficiary Change**

- Account Change Form (Sections B, D, G)
- Medallion Signature Guarantee (Section I)

**7 Name Change – Due to Change in Marital Status:**

- Account Change Form (Sections B, F)
- Medallion Signature Guarantee (Section I)

**8 Trust – Register Account as a Trust**

- Account Change Form (Sections B, C, D, H)
- New Application (TSF-53) Signed by all Trustees
- Title and Signature Pages of Trust
- Medallion Signature Guarantee (Section I)

**Requirements for a registration change vary depending on account type.**

**Please call 800.543.0407 if you have questions about your specific situation.**

**B CURRENT ACCOUNT TYPE**

- Individual     Joint (JTWR0S)     TOD     Uniform Gift or Uniform Transfer to Minor (UGMA or UTMA)

Existing Account Number \_\_\_\_\_

**C NEW ACCOUNT TYPE REQUESTED**

- Individual     Joint (JTWR0S)     TOD     Uniform Gift or Uniform Transfer to Minor (UGMA or UTMA)     Trust

**D CURRENT ACCOUNT OWNER(S)**

*Please Print*

Account Registration\* \_\_\_\_\_

Street Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

City \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Social Security or Taxpayer ID Number on Current Account \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*If a current owner is deceased

Deceased Owner's Name \_\_\_\_\_

Date of Death \_\_\_\_\_

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who owns an account or others who may be authorized to act on the account. What this means for you: By adding your name to this existing account, we require your full name, permanent street address, government identification number and date of birth that will allow us to identify you. If we do not receive these required pieces of information, there may be a delay in processing your account change. If we are unable to immediately verify your identify, the Fund(s) may restrict further investment until your identity is verified. However, if we are unable to verify your identify, the Fund(s) reserves the right to revert your account to its former registration/ownership.

***\*This information must be provided to change account ownership.***

**E NEW OR  
ADDITIONAL  
ACCOUNT  
OWNER(S)**

\_\_\_\_\_  
Name – First, Middle Initial, Last\*

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Street Address\*

\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Social Security Number or Taxpayer ID Number\*

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Name – First, Middle Initial, Last\*

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Street Address\*

\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Social Security or Taxpayer ID Number\*

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
E-mail

**F NAME CHANGE  
DUE TO CHANGE  
IN MARITAL  
STATUS**

\_\_\_\_\_  
Former Name – First, Middle Initial, Last\*

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
New Name – First, Middle Initial, Last\*

\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
Street Address\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Social Security or Taxpayer ID Number\*

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
E-mail

**G** **TRANSFER ON DEATH (TOD) BENEFICIARY CHANGE**

Complete this section if you wish to change the beneficiary on your Individual or Joint TOD 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

**H** **REGISTER ACCOUNT AS TRUST**

Complete this section if you wish to change your current account registration to the name of a Trust. A copy of the title and signature page of the Trust document must be provided.

Not available for Retirement Accounts, UGMA or UTMA, or Coverdell ESAs.

*\*This information must be provided to change account ownership.*

_____	_____	_____
Name of Trust Agreement	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*
_____	_____	_____
Telephone Number	Fax Number	
_____	_____	_____
Street Address*		
_____	_____	_____
City*	State*	Zip*

**SHAREHOLDER AUTHORIZATION**

**Signature(s)**

I (we) understand that I (we) must carefully review each account confirmation statement or other documentation that I (we) receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I (we) 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), (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.**

\* \_\_\_\_\_  
 Signature Date

\* \_\_\_\_\_  
 Additional Account Owner Signature Date

\*Your signature(s) on this form must be Medallion Signature Guaranteed. The purpose of the Medallion Signature Guarantee is to protect the shareholder(s) against the possibilities of fraud. 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.

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**First Class Mail:**  
 Touchstone Investments  
 P.O. Box 9878  
 Providence, RI 02940-8078

**Overnight Mail:**  
 Touchstone Investments  
 4400 Computer Drive  
 Westborough, MA 01581  
 800.543.0407

**Place Medallion Guarantee Stamp Here**

\* \_\_\_\_\_  
 Additional Account Owner Signature Date

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