



This form should be used by fund direct shareholders who own shares in a Touchstone Fund through an Individual, Joint (JTWROS) or Transfer on Death (TOD) account. 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.

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

Overnight address: Touchstone Investments, Attention: 534467, 1350 Penn Avenue, Suite 102, Pittsburgh, PA 15222, Phone: 800.543.0407

A SHAREHOLDER INFORMATION

Existing Touchstone Shareholders seeking to add or update their TOD designation should complete this Transfer on Death (TOD) Designation form.

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

Please Print

Existing Account Number: _____

Name: _____ Daytime Telephone: () _____

Joint Owner Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number or Taxpayer ID Number on Current Account: _____ Date of Birth: _____

Email: _____

Type of Account (Check One): Individual Joint (JTWROS) TOD

B SHAREHOLDER'S TRANSFER ON DEATH (TOD) DESIGNATION

I hereby revoke any previous TOD designation.

Complete this section if you wish to change the designated individual(s) on your Individual, Joint (JTWROS) or 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 individual(s) below. If any designated individual dies before I do, that individual's share will be divided proportionately among the surviving individuals. If any individual survives me but fails to survive the transfer of his or her entire share, then the remaining portion of such individual's share shall be transferred to such individual's estate.

Please print. Note: If the stated percentages do not add to 100%, the individuals' shares will be divided equally.

1. _____	_____	_____	_____	_____
Name of Beneficiary or Trust	Relationship	Date of Birth / Date of Trust	SSN / TIN	_____ %
_____	_____	_____	_____	_____ %
Address	City	State	Zip Code	Percent designated
2. _____	_____	_____	_____	_____
Name of Beneficiary or Trust	Relationship	Date of Birth / Date of Trust	SSN / TIN	_____ %
_____	_____	_____	_____	_____ %
Address	City	State	Zip Code	Percent designated
3. _____	_____	_____	_____	_____
Name of Beneficiary or Trust	Relationship	Date of Birth / Date of Trust	SSN / TIN	_____ %
_____	_____	_____	_____	_____ %
Address	City	State	Zip Code	Percent designated

C 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.

Signature

Date

Additional Account Owner Signature (Required, if applicable)

Date

Mail to the following:

First Class Mail:

Touchstone Investments
P.O. Box 534467
Pittsburgh, PA 15253-4467

Overnight Mail:

Touchstone Investments
Attention: 534467
1350 Penn Avenue, Suite 102
Pittsburgh, PA 15222
800.543.0407

Customer Service:

800.543.0407