



Transfer Authorization Agreement

(for Transfers between program Participants)

PARTICIPANT NAME _____

I hereby authorize Cutwater Investor Services Corp., hereafter as the COMPANY, to initiate transfers from our Cutwater Investor Services Corp. account to the Cutwater Investor Services Corp. account listed below.

FROM:

Participant Account #: _____ - _____ - _____ Sub-Account # _____

TO:

PARTICIPANT NAME _____

Participant Account #: _____ - _____ - _____ Sub-Account # _____

This authorization is to remain in full force and either until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

NAME of Authorized Signatory Transferring Funds _____

DATE: _____ SIGNED X: _____

NAME of Authorized Signatory Receiving Funds _____

DATE: _____ SIGNED X: _____

NOTE: All written Transfer Authorizations **must** be signed by an Authorized Signatory from both the **sending** entity and the **receiving** entity. The transfer of funds between participant accounts must be initiated via fax (800-765-7600) or through Client Services at 800-395-55055.