



NEW ACCOUNT APPLICATION

Overnight Delivery:
Payden/Wilshire Funds
803 W. Michigan St., Suite A
Milwaukee, WI 53233-2301

Regular Mail:
Payden/Wilshire Funds
P.O. Box 1611
Milwaukee, WI 53201-1611

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, social security number and permanent street address (no P.O. boxes)**. If any of this information is missing, we will be unable to establish an account and your application and check will be returned. The Fund does not accept investments from a) individuals or entities without a US Social Security Number / Tax Identification Number and a US address or b) Foreign Financial Institutions as defined in the USA PatriotAct.

1. INVESTOR NAME

Individual/Joint Owner

Name	Social Security Number	Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Address	
Joint Owner (Joint Tenant with Right of Survivorship unless otherwise specified.)	Social Security Number	Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Address	

Custodial/Gift to Minor

Custodian	Custodian's Social Security Number	Custodian's Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Address	
Minor	Minor's Social Security Number	Minor's Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip

Trust, Corporation, Partnership or Other Entity (All trustees, partners, officers or other authorized individuals must provide their full name, date of birth, social security number and permanent street address; no P.O. boxes. Additional space has been provided at the end of this application.)

Trustee Name*	Partner, Officer, Other*	Social Security Number	Date of Birth
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Address	
Name of Entity	Taxpayer I.D. Number	Date of Trust	

***Required to establish telephone privileges.**
Corporate: A corporate resolution must be provided.
Trust: We require a copy of the title and signature pages of the trust document.
Partnerships, Corporation or Other Entity: We require a copy of the partnership papers, Articles of Incorporation or other documentation supporting the entity's establishment, certified within 60 days.

2. MAILING ADDRESS (if different from permanent address above)

Individual/Joint Owner

Send Duplicate Confirmations to:

Name

Name

Address

Address

City / State / Zip

City / State / Zip

3. YOUR INVESTMENT INSTRUCTIONS

The minimum initial investment is \$5,000 per fund (\$2,000 if you are establishing an Automatic Investment Plan.)

<input type="checkbox"/> Do you have other Payden/Wilshire Fund accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Dividends and Capital Gains Reinvested*	Dividends and Capital Gains in Cash
<input type="checkbox"/> Payden/Wilshire Longevity Fund 2010+ (10)		\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payden/Wilshire Longevity Fund 2020+ (20)		\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payden/Wilshire Longevity Fund 2030+ (30)		\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payden/Wilshire Longevity Fund 2040+ (40)		\$	<input type="checkbox"/>	<input type="checkbox"/>

If no distribution option is checked, dividends and capital gains will be reinvested.

4. PAYMENT FOR INITIAL PURCHASE

By check payable to Payden/Wilshire Funds \$ _____

Cash, credit cards, third party checks, credit card checks, money orders, travelers checks and checks drawn on banks outside the U.S. will not be accepted.

By wire: Call 877.870.8877 for instructions. Date of wire _____ Amount \$ _____

5. TELEPHONE TRANSACTIONS

As a Payden Wilshire Longevity Funds shareholder, you have the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction to add telephone transaction privileges in the future.**

Telephone Redemption: Permits the redemption of a maximum of \$100,000. The proceeds will be mailed to your address of record or deposited electronically in your bank account.

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

Payden/Wilshire Funds employs reasonable procedures to confirm that instructions communicated by telephone are genuine and may not be held liable for losses due to unauthorized or fraudulent instructions. Please see the prospectus for more information about telephone redemption privileges.

6. INTERNET TRANSACTIONS

You can conduct purchase and redemption transactions over the Internet through our website by enrolling for online transaction privileges at paydenwilshire.com. **Please note that you must have telephone privileges (Section 7) in order to conduct online transactions. In addition, you must have banking information on your account (Section 9) in order to conduct online purchases and have redemption proceeds sent to you via ACH and wire.**

You will have the ability to establish online transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add any online transaction privileges in the future.**

I decline online transaction privileges.

7. AUTOMATIC INVESTMENT PLAN

Your signed application must be received at least 15 days prior to initial transaction. Please complete Section 7.

The minimum initial investment for an Automatic Investment Plan is \$2,000. Minimum additions to any fund are \$250 quarterly; Automatic investments can be made on the 1st and/or 15th of each month.

Monthly Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)

Begin investment on mm/yy _____

<input type="checkbox"/> 1st <input type="checkbox"/> 15th	_____	\$	_____
	Fund		Amount
<input type="checkbox"/> 1st <input type="checkbox"/> 15th	_____	\$	_____
	Fund		Amount

Your automatic investment will be withdrawn directly from your checking or savings account named in Section 7 on the date you have selected or the first business day thereafter. You will be assessed a \$20 fee if the automatic investment cannot be made for any reason. If no date is selected, purchases will be made on the 15th of each month.

8. BANK INFORMATION

You must attach a blank, voided check (other than your investment check) from your bank account to this form. To add bank information after your account has been established, an Account Privileges Change Form (with a Medallion signature guarantee) is required.

For savings accounts, provide your bank's ABA number and savings account number below.

Bank Name _____

Bank Address _____

Routing Number Account Number _____

Name(s) on Bank Account _____

Account Type

- Checking Account
 Savings Account

I authorize the bank listed above for:

- Electronic Funds Transfer (takes 2 – 3 business days)
 Wire (\$13.00 Fee – takes 1 business day)

9. SIGNATURES AND CERTIFICATION

I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

All registered owners, officers, partners, trustees or custodian must sign.

Signature of Individual or Custodian	Date
Signature of Joint Owner, Trustee, Partner, Officer, Other	Date
Signature of Joint Owner, Co-Trustee, Partner, Officer, Other	Date
Signature of Joint Owner, Co-Trustee, Partner, Officer, Other	Date

ADDITIONAL INDIVIDUALS

Name	Social Security Number	Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Signature	Date		

Name	Social Security Number	Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Signature	Date		

Name	Social Security Number	Date of Birth	
Permanent Address (no P.O. boxes)	City	State	Zip
Signature	Date		

Name	Social Security Number	Date of Birth	
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