

REGULAR MAIL:  
SunAmerica Mutual Funds  
c/o BFDS  
P.O. Box 219186  
Kansas City, MO 64121-9186

QUESTIONS? CALL 800.858.8850

OVERNIGHT, CERTIFIED OR REGISTERED MAIL:  
SunAmerica Mutual Funds  
c/o BFDS  
330 W 9th St.  
Kansas City, MO 64105-1514



## CHANGE OF OWNERSHIP FORM

(NOT TO BE USED FOR RETIREMENT PLAN ACCOUNTS)

### 1 CURRENT ACCOUNT REGISTRATION

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

### 2 REASON FOR TRANSFER

On Oct. 3, 2008, the Emergency Economic Stabilization Act, HR1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers and the IRS.

#### CHOOSE ONE:

Re-registration (due to name change, divorce)

Inheritance (due to death)

Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(required)

Alternate Date\*\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gift\*

Date of Gift \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fair Market Value Acceptance:

Signature of New Owner \_\_\_\_\_

PLEASE NOTE: If the accepting account will use Average Cost, the new owner MUST SIGN ABOVE indicating acceptance of the shares at fair market value on the date of gift or settlement if the shares are transferred at a loss.

\* Default selection if no choice is made.

\*\* There is a unique rule under Federal estate tax laws allowing estates to be valued on an alternate date, instead of the date of death. The alternate valuation date is always exactly six months after the date of death and is used to minimize estate taxes when assets depreciate after the date of death. The executor must determine if the estate is eligible to use the alternate valuation date, and if so, provide the date when requesting transactions.

### 3 NEW OWNER REGISTRATION

#### TRANSFER SHARES:

To my existing SunAmerica Mutual Funds account:

Account # \_\_\_\_\_

Name \_\_\_\_\_

To a NEW SunAmerica Mutual Funds account (Please complete all information in Section 3)

#### USA Patriot Act Notice

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What that means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Name \_\_\_\_\_

Relationship to Account (i.e.: Executor, Administrator, etc.) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

**3 NEW OWNER REGISTRATION**  
*(continued)*

Street Address *(Required)*

City

(    ) -

State

(    ) -

Zip

Daytime Phone

Evening Phone

Mailing Address *(If different than Street Address provided above)*

Email Address

Name of Estate *(If transferring to an Estate Account due to death)*

Estate Tax Identification Number *(If not applicable, please use Social Security Number of Decedent)*

**4 COST BASIS SELECTION FOR NEW ACCOUNT**

On October 3, 2008, the Emergency Economic Stabilization Act of 2008 was signed into law. Under the new law, mutual fund companies are required to report cost basis information to shareholders and the IRS for shares acquired on or after January 1, 2012.

**PLEASE SELECT your desired method of cost basis reporting:**

Average Cost\*     First In, First Out (FIFO)     Other: \_\_\_\_\_

*\* Effective Jan. 1, 2012, this indicates the default method if no choice is made.*

**5 COST BASIS METHOD FOR TRANSFER**

**PLEASE NOTE:** The cost basis reporting method for depletion of shares will default to the current account election unless otherwise specified.\* **Please consult your tax advisor before choosing alternate methods.**

**First In, First Out**

**Other:** \_\_\_\_\_

**Specific Lot Depletion:** *(Please list below. Attach additional sheets if necessary.)*

Date of purchase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Number of Shares \_\_\_\_\_

Date of purchase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Number of Shares \_\_\_\_\_

Date of purchase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Number of Shares \_\_\_\_\_

Date of purchase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Number of Shares \_\_\_\_\_

\* If the share amount doesn't cover the depletion of the transfer, your secondary method or elected method may be utilized to complete this transfer. Re-registrations and inheritance transfers will default to a prorated depletion of shares.

## 6 TRANSFER INSTRUCTIONS

Please note that the transfer will occur out of the existing SunAmerica account into a new SunAmerica account with the same Fund. If you wish to exchange the money into a different Fund after the transfer, please contact Customer Service.

After transferring the money to a new Sunamerica account please: (Choose One)

- Leave the money in the new SunAmerica account.\*
- Take an immediate partial withdrawal\*\* from:

Fund \_\_\_\_\_; \$ \_\_\_\_\_ OR \_\_\_\_\_ Shares

Fund \_\_\_\_\_; \$ \_\_\_\_\_ OR \_\_\_\_\_ Shares

Fund \_\_\_\_\_; \$ \_\_\_\_\_ OR \_\_\_\_\_ Shares

- Take an immediate lump sum distribution closing the account.

\* Indicates default selection if no choice is made.

\*\* The cost basis reporting method will default to your current account election (in Section 4) unless otherwise specified.

## 7 PAYEE INFORMATION

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City State Zip

- Via US Mail free of charge\*
- Via overnight delivery. A flat \$15 fee applies.

**Payment to be electronically transmitted – use the following payee account<sup>†</sup> (attach voided check):**

- Via Automated Clearing House (ACH) to the following payee account free of charge.
- Via federal wire. A \$15 fee applies per fund.

\* Indicates default selection if no choice is made.

<sup>†</sup> REQUIREMENTS: (1) your bank must be a member of the ACH system (please call your bank if you are unsure); (2) the bank account and mutual fund account must be registered identically, otherwise a Medallion Guaranteed signature is required by all parties.

**Bank Account Type:**  Checking Account – Please attach a “VOIDED” check or photocopy (no deposit slips).  
 Savings Account

John Doe 123 Main Street Anytown, USA 01234	123
_____ \$ _____	
123456789      6544321      123	

9 Digit Routing #      Account #      Check #

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
9-digit ABA Routing Number (Please verify with your bank)

\_\_\_\_\_  
Bank Account Number

# 8 SIGNATURES

## Authorization

Each person signing on behalf of an entity represents that his or her actions are authorized. By signing this you agree that the Fund(s), all SunAmerica companies and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying upon the information provided in this application or any institution believed to be genuine. If an account has multiple owners, SunAmerica Mutual Funds (the Funds) may rely on the telephone instructions of any one account owner. I consent to the recording of any telephone conversation(s) when I call the Funds regarding my account(s). I will review all statements upon receipt, and will notify the Funds immediately if there is a discrepancy.

I have received and read each appropriate Fund prospectus and understand that its terms are incorporated by reference into this application. I understand that this application is subject to acceptance and that certain redemptions may be subject to contingent deferred sales charge. I am of legal age in my state of residence and have full authority to purchase shares of the Funds and to establish and use any related privileges.



## Select One:

- I/We certify under penalties of perjury that: (1) the Social Security or Tax Identification Number (TIN) provided is correct; and (2) the IRS has never notified me/us that I am/we are subject to withholding.
- I/We have been notified by the IRS that I am/we are subject to backup withholding for failure to report all interest or dividends.

## Please Sign Below:

\_\_\_\_\_  
Signature Of Authorized Individual/Executor/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Authorized Individual/Executor/Trustee

\_\_\_\_\_  
Date

*\* This application will not be processed without all applicable signatures and a Medallion Signature Guarantee stamp.*

## Medallion Signature Guarantee Instructions

A Medallion Signature Guarantee may be obtained from any eligible institution as defined by the Securities and Exchange Commission (SEC). Examples of such institutions include banks, savings associations, credit unions, and brokerage firms; the institution must be a member of the Securities Transfer Association Medallion Signature Program (STAMP), the New York Stock Exchange Medallion Signature Program (MSP), or the Stock Exchange Medallion Program (SEMP).

The Medallion Guarantee stamp contains an alpha prefix and serial number. The alpha prefix identifies the restricted financial limit for your monetary request. You will want to make certain the institution guaranteeing the signature(s) on your form has an alpha prefix which will cover the request being made. The amount of coverage associated with each alpha prefix is listed below.

The stamp we receive MUST be an original; photocopies or fax copies are not accepted. The words "Medallion Signature Guarantee" must appear near each of the signatures being guaranteed. The Guarantee must appear with the printed name, title and name of the guarantor institution. It must also be dated within 60 days of our receipt. PLEASE NOTE THAT A NOTARY SEAL IS NOT ACCEPTABLE. The Medallion Guarantee should follow the format outlined below:



Z = \$10,000,000  
Y = \$5,000,000  
X = \$2,000,000  
A = \$1,000,000  
B = \$750,000

C = \$500,000  
D = \$250,000  
E = \$100,000  
F = \$100,000