



WHEN PERFORMANCE COUNTS

1. ACCOUNT INFORMATION

Account Owner's Name / Trustee/ Organization's Representative

Account Title

Joint Account Owner's Name / Trustee

Financial Advisor Name

Dunham Account Number:

Grid for Dunham Account Number with a dash separator

2. FEE PAYMENT METHOD Please Check One:

- A. I wish to pay the Asset Allocation Program fee for the above referenced account, directly from this account, and authorize Dunham Trust Company, as custodian, to deduct this fee according to Section 7.(a) of the previously signed Client Asset Allocation Agreement.
B. I wish to pay the Asset Allocation Program fee for the above referenced account from another account title currently held at Dunham & Associates Investment Counsel, Inc.

Account No.: Account Title:

** (If payment is to be deducted from a Dunham account that is not your own account, please have that person/persons sign below.)

- C. I wish to pay the Asset Allocation Fee for the above referenced account via check. I will send payment each quarter within 10 days upon receipt of fee notice.
D. I authorize ACH deduction from the bank account identified in the Bank Information Section below. Attach a voided check. ** (If payment is to be deducted from a third party's bank account, please have the owner(s) of that bank account sign below.)

3. BANK INFORMATION (if applicable). Please attach a voided check for the bank referenced in this section.

- Checking Savings

Your Bank's Name

Bank Routing Number

Name(s) on Bank Account

Bank Account Number

4. REQUIRED SIGNATURES. At least one account owner must sign this authorization.

By signing below, I/we authorize Dunham Trust Company to deduct the Asset Allocation Fee incurred by the account referenced at the top of this form, from my/our/third party Dunham account referenced in section 2, or my/our/third party bank account referenced in the Bank Information section above.

X Signature of Owner / Trustee / Business or Organization Signer Date

X Signature of Owner / Trustee / Business or Organization Signer Date

4. THIRD PARTY AUTHORIZATION If payment is to be deducted from a third party's Dunham Account or bank account, the owner(s) of that account must sign below.

X Signature of Owner / Trustee / Business or Organization Signer Date

X Signature of Owner / Trustee / Business or Organization Signer Date

Mail completed forms to Dunham & Associates, Attn: Client Services, PO BOX 910309, San Diego, CA 92191