

SYSTEMATIC INSTRUCTION AND BANK AUTHORIZATION FORM

Please complete this form to enable the electronic transfer of funds between your investment account and your bank account. Transactions are processed through the Automated Clearing House (ACH) system.

1 DUNHAM ACCOUNT INFORMATION

_____ Dunham Account Title

_____ Dunham Account Number

TYPE OF BANK CHANGE

- I am adding a NEW/ADDITIONAL Bank Account to my client file*
 I am replacing the existing Bank Account on my client file with the new Bank Account provided below*

2 BANK ACCOUNT INFORMATION

_____ Bank Name

_____ City

_____ State

_____ Zip

_____ Routing Number

_____ Bank Account Number

_____ For Further Credit To

_____ Reference (If Applicable)

**If you are adding a new/additional bank account to your existing Dunham account or replacing the existing bank account on file, the account will be restricted for a period of 30 days unless you obtain a Medallion Signature Guarantee Stamp and provide the original stamp with your request.*

3 SYSTEMATIC INSTRUCTIONS

- Please establish NEW Systematic Investment/Withdrawal Instructions
 Please UPDATE the existing Systematic Investment/Withdrawal Instructions
 I do not wish to establish or change Systematic Investment/Withdrawal Instructions at this time

(NOTE: If the withdrawal is from an IRA, please complete an IRA Distribution Form)

SYSTEMATIC DEPOSITS INTO YOUR DUNHAM ACCOUNT

SYSTEMATIC WITHDRAWALS INTO YOUR BANK ACCOUNT

Invest into the following:

Money Market (ex. BlackRock Liquidity Funds or similar)

In accordance with instructions on file

Other fund _____

Withdrawal cash from the following:

Money Market (ex. BlackRock Liquidity Funds or similar)

In accordance with instructions on file

Other fund _____

Frequency:

5th day of each month 20th day of each month

Frequency:

5th day of each month 20th day of each month

Quarterly

Annually

Amount (\$100 min.) _____ Start Date _____

Amount (\$100 min.) _____ Start Date _____

4 AUTHORIZATION

I/We hereby authorize Dunham Trust Company ("Dunham") and its affiliates, including Dunham & Associates Investment Counsel, Inc., to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account. This authority is to remain in full force and effect until Dunham has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Dunham and my (our) Bank a reasonable opportunity to act on it. It is understood that the purpose of this authorization is to provide a means of payment for purchases through my investment professional or financial organization.

PRIMARY ACCOUNT HOLDER

JOINT ACCOUNT HOLDER (if applicable)

Name

Name

Signature

Date

Signature

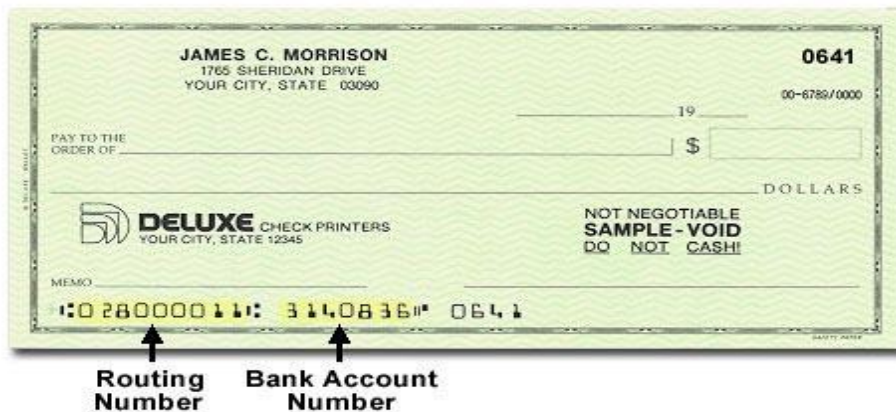
Date

Medallion Signature Guarantee* (if applicable)

Medallion Signature Guarantee* (if applicable)

**A signature guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.*

Please adhere, with tape, an original voided bank account check here. Do not staple.



1 For corporate accounts, a corporate resolution displaying the corporate stamp, and a letter from the corporation authorizing the specific transactions for which you are permitted to debit and credit the bank account, must accompany this authorization.

2 For savings accounts, either a bank encoded deposit slip, a copy of the bank statement, or a letter from the bank signature guaranteed by an officer confirming the bank information must accompany this authorization.

3 If the withdrawal is from an IRA, please complete an IRA Distribution Form.