DUNHAM TRUST COMPANY

NON-RETIREMENT REDEMPTION FORM (DUNHAM FUNDS)

BUILDING RELATIONSHIPS THAT LAST GENERATIONS

1. Customer Information:

Name of Owner / Trustee/ Authorized Person

Account Title

Name of Joint Owner / Trustee/ Authorized Person

Financial Advisor

Dunham Account Number: ☐ - ☐

Daytime Phone Number: (   )   -

2. Withdrawal Instructions – Choose One:

A. *Partial Withdrawal*

☐ Immediate one-time distribution of **$** ______________

Redeem funds from:

☐ Current Model Allocation *(applies if your funds automatically re-balance)*

☐ I would like to withdraw from (a) specific fund(s) as instructed below*:*

Name of Security or Fund	*Entire Position*	-OR-	*Exact Dollar Amount*	-OR-	*# of Shares*
	☐		$		
	☐		$		
	☐		$		

Please continue on a separate sheet if needed

B. *Full Redemption*

☐ Entire account balance (All Dunham Funds in your account will be liquidated and redeemed). If you hold non-Dunham securities in your account, other restrictions may apply. Please contact your financial advisor or Client Services for more information.
Note: An account termination fee of $25 may apply and be directly deducted from your mutual fund account. In addition, for Asset Allocation Program accounts, a prorated quarterly fee will be directly deducted from your Dunham account.

3. Method of Payment

Indicate how you would like to receive your payment by selecting one of the options below. If no option is selected a check will be sent by regular mail to your address of record.

☐ **A.** Mail a check to me at my address of record.

☐ **B.** Mail a check to an alternate address or payee.

Alternate Payee (if applicable)

Name of Institution

Street Address | City | State | Zip Code

3. Method of Payment (continued)

☐ **C.** Transfer cash to another Dunham Account: ____________ - ______

If the receiving account is an IRA, check one:
☐ Current Year Contribution
☐ Prior Year Contribution

Invest my contribution in:
☐ Current Model Allocation *(applies if your funds automatically re-balance)*
☐ I would like to invest in (a) specific fund(s) as instructed below*:*

Name of Security or Fund	*Entire Position*	*-OR-*	*Exact Dollar Amount*	*-OR-*	*# of Shares*
____________	☐		$ ____________		____________
____________	☐		$ ____________		____________
____________	☐		$ ____________		____________

Please continue on a separate sheet if needed

☐ **D.** Electronically transfer the proceeds to my bank or credit union account via
☐ Bank Wire (All mutual fund redemptions received in good order prior to 4:00 EST will be delivered by wire to your bank on the next business day. Note: Your bank may charge a fee to accept wire deliveries)
☐ ACH Transfer (It may take 2-3 business days for this transfer to be delivered to your banking institution)
You must first verify the following information with your bank if you are unsure.

______________________________ Your Bank's Name

______________________________ Bank Routing Number

______________________________ Name(s) on Bank Account

______________________________ Bank Account Number

______________________________ Further Credit to: (if applicable)

4. Authorization and Signature

For account owners signing on their own behalf: I hereby accept the elections I made above, and I agree with the terms of this form, and authorize and request Dunham Trust Company to make the above withdrawal. I acknowledge that the custodian / trustee, Dunham Trust Company (or its agents, affiliates, employees, or successor custodians), cannot provide me with legal advice, and I agree to consult with my own tax or legal professional when I need advice. I understand that I am responsible for my provision of accurate information and the consequences of my actions. I acknowledge that Dunham Trust Company, its agents, affiliates, employees, or successors is not responsible for my actions, and I agree to indemnify and hold the custodian / trustee harmless from any liabilities are a result of my actions.

X______________________________
Signature of Owner / Trustee/ Authorized Person   Date

X______________________________
Signature of Owner / Trustee/ Authorized Person   Date

For Financial Advisors signing on your clients' behalf: I hereby certify that I have consulted with my client(s) in matters specifically regarding the elections I / my client(s) have made above, and I agree with the terms of this form, and authorize and request Dunham Trust Company to make the above withdrawal. I understand that I am responsible for my provision of accurate information and the consequences of my actions. I acknowledge that Dunham Trust Company, its agents, affiliates, employees, or successors is not responsible for my actions, and I agree to indemnify and hold the custodian / trustee harmless from any liabilities are a result of my actions.

X______________________________
Signature of Authorized Representative   Date

Mail Completed Forms to Dunham & Associates c/o Dunham Trust Company, Attn: Client Services, PO BOX 910309, San Diego, CA 92191