



IRA Account Options Form

CLASS A AND CLASS C SHARES

Use this form to make changes to or add account options to an existing Traditional IRA, Roth IRA, SEP-IRA, SIMPLE IRA, or SAR-SEP IRA. This form is not intended for individual participants of qualified plans. If you are an individual participant of a qualified plan, please contact your plan provider.

1. Current Account Information

IRA _____ Account _____ Number _____
Registered
Account Name _____
Daytime Telephone Number () _____

2. Address Change

Mailing Address Change* Physical Address Change

New _____ Street _____ Address _____
New City _____
N_e_w_D_a_y_t_i_m_e_T_e_l_e_p_h_o_n_e_N_u_m_b_e_r_() _____ N_e_w_S_t_a_t_e _____

*When changing the mailing address, a distribution can not be made within 30 days unless the request is accompanied by a Medallion Signature Guarantee.

3. Name Change

(Medallion Signature Guarantee or Signature Validation Program Stamp Required in Section 11) Former Name (First, Middle Initial, Last) _____
New Name (First, Middle Initial, Last) _____

4. Telephone Transactions (only available for Traditional IRA, Roth IRA and SEP-IRA shareholders)

Please accept or decline the right to transact via telephone for the below privileges. The selected privileges will be linked to the bank account currently on file. If there is no bank account on file and you would like to link these privileges so that purchases and redemptions can be debited/credited electronically, you must provide banking instructions in Section 8. **In completing this section, I acknowledge that this information will supersede any previous telephone transaction privileges.**

- | | | |
|--------------------|---------------------------------|----------------------------------|
| Purchases | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Exchanges | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Redemptions | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |

If you would like to make purchase and redemptions by wire, check here: •

(Your bank may charge additional fees for wire transactions)

Redemption requests via telephone are only available for one-time distributions. All other redemption requests must be received by mail. Fund of Funds Lp Funds may

accept telephone instructions from any person identifying himself or herself as the owner of an account or the owner's dealer representative provided that Fund of Funds Lp Funds follows reasonable procedures and believes the instructions to be genuine. Thus, you risk potential losses in the event of an unauthorized telephone request. If bank account information is on file, purchases and redemptions will be debited or credited directly to the bank account listed upon written or oral authorization. If elected, all wire instructions must be received in good order by Fund of Funds Lp Funds prior to NYSE close (or as otherwise noted in the prospectus) on the day your wire is received in order to receive that day's NAV. Because your Fund of Funds Lp Funds IRA is a "self-directed" IRA, you are responsible for selecting the type of distribution, complying with applicable tax laws, and calculating and paying the applicable state and federal income (or estate) taxes and any penalties.

5. Dividend and Capital Gain Distribution Change

Select your dividend and capital gain distribution method. Because your Fund of Funds Lp Funds IRA is a "self-directed" IRA, you are responsible for complying with applicable tax laws. We encourage you to consult your tax advisor for information on possible taxes and penalties.

In completing this section, I acknowledge that this information will supersede any previous dividend and capital gain elections.

Select one of the following options:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Reinvest in the same fund. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest in a different fund: | | |
| <input type="checkbox"/> Reinvest from fund _____ to fund _____ | <input type="checkbox"/> D_i_vidends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest from fund _____ to fund _____ | <input type="checkbox"/> D_i_vidends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest from fund _____ to fund _____ | <input type="checkbox"/> D_i_vidends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Reinvest from fund _____ to fund _____ | <input type="checkbox"/> D_i_vidends | <input type="checkbox"/> Capital Gains |

If you have additional selections, please attach a separate page that includes all of the information requested above. Sign and date the page.

• Pay in cash (Only available for shareholders age 59½ and over):*

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Deposit in my bank account via electronic transfer.
(Please complete Section 8 if establishing or changing banking instructions) | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Pay by check to account registration address. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Pay by check to a third party below:
(Medallion Signature Guarantee or Signature Validation Program Stamp required in Section 11) | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |

Third Party Name

Third Party Address

_____ are still liable for payment of federal income taxes on the taxable amount of
the distribution.
City _____ State _____ ZIP Code _____

*By receiving your dividends and/or capital gains in cash, you agree and understand that Fund of Funds Lp Funds will not withhold federal income tax from these distributions,

6. Automatic Investment Plan

Do Not Complete this Section for Inherited IRAs or if you are over the Required Minimum Distribution age* and invested in a Traditional IRA.

- Please establish a new automatic investment plan for the funds and amounts listed below.
(If establishing or changing banking information, please complete Section 8 and Section 11 – a Medallion Signature Guarantee or Signature Validation Program Stamp is required)
- Please change my current automatic investment plan.
(If banking information is changing, please complete Section 8 and Section 11 – a Medallion Signature Guarantee or Signature Validation Program Stamp is required)
- Please cancel my current automatic investment plan.

*Required Minimum Distribution age is 70½ if the account owner’s date of birth was on or before June 30, 1949. Required Minimum Distribution age is 72 if the account owner’s date of birth was after June 30, 1949.

Investment Schedule:

Transactions should occur • Monthly • Quarterly • Annually

Transactions should begin _____ / _____ / _____ (mm/dd/yyyy)

Fund Name _____ • Class A • Class C Purchase Amount* _____
(\$50 minimum per fund)

Fund Name _____ • Class A • Class C Purchase Amount* _____
(\$50 minimum per fund)

Fund Name _____ • Class A • Class C Purchase Amount* _____
(\$50 minimum per fund)

Fund Name _____ • Class A • Class C Purchase Amount* _____
(\$50 minimum per fund)

If you have additional selections, please attach a separate page that includes all of the information requested above. Sign and date the page. Fund of Funds Lp Funds will code an account as lost when the United States Post Office or another carrier returns mailing(s) sent to the shareholder by Fund of Funds Lp Funds as undeliverable. Once an account is deemed lost, for the shareholder’s protection, Fund of Funds Lp Funds will stop any automatic investment plan on the account. Additionally, once Fund of Funds Lp Funds confirms a shareholder is deceased, any automatic investment plan on the accounts will be stopped.

*A \$250 minimum investment is required to open a new fund position through the Automatic Investment Plan. If you would like to make the initial purchase for the new fund position via electronic transfer from your bank account on file, please check here: • \$ _____ Fund Name _____

Automatic investments are subject to the following conditions. Your bank account will be charged on or about the date of each investment as shown above. The privilege of making investments by automatic investment plan may be revoked by Fund of Funds Lp Funds without prior notice if any check is not paid upon presentation. Fund of Funds Lp Funds shall be under no obligation to notify the undersigned as to the non-payment of any check. Automatic investments may be discontinued by Fund of Funds Lp Funds upon thirty (30) days’ written notice prior to any investment

date or by the undersigned at any time by written notice to Fund of Funds Lp Funds, provided such notice is received at least ten (10) business days prior to the due date of any

7. Automatic Exchange Plan investment.

Automatic exchanges for IRAs can only be made to other fund positions within the same IRA account.

- Please establish a new automatic exchange plan for the funds and amounts listed below.
- Please change my current automatic exchange plan.
- Please cancel my current automatic exchange plan.

Auto Exchange Schedule:

Exchanges should occur • Monthly • Quarterly on or about the • 1st • 15th or • _____

Amount of exchange _____ Exchanges should begin _____ / _____ / _____ (mm/dd/yyyy)
(\$50 minimum per fund)

7. Automatic Exchange Plan (continued)

From: Fund Name _____

Account Number _____

Please make the exchange to the following fund positions:

To: Fund Name* _____

Account Number _____

If you have additional selections, attach a separate page that includes all of the information requested above. Sign and date the page. Fund of Funds Lp Funds will

code an account as lost when the United States Post Office or another carrier returns mailing(s) sent to the shareholder by Fund of Funds Lp Funds as undeliverable. Once an account is deemed lost, for the shareholder's protection, Fund of Funds Lp Funds will stop any automatic exchange plan on the account. Additionally, once Fund of Funds Lp Funds confirms a shareholder is deceased, any automatic exchange plan on the accounts will be stopped.

*A \$1,000 minimum exchange is required to open a new fund position through the Automatic Exchange Plan. If you would like to make the initial purchase for the new fund position Fund of Funds Lp Funds may discontinue the automatic exchange upon written notice 30 days prior to any exchange date, or by the above-signed shareholder at any time at least ten (10) business days prior to an exchange date.

8. Bank Account Information

(Medallion Signature Guarantee or Signature Validation Program Stamp Required in Section 11)

Please provide your bank account information below to change or establish banking instructions. **In completing this section, I acknowledge that this information will be used for all new or existing account options and will supersede any previous banking instructions.**

Type of Account (Select one):

- Checking Account (Please attach a pre-printed voided check. *)
- Savings Account (Please attach a voided deposit slip. *)

Tape your voided check or deposit slip here. *

John A. Sample
123 Same Street
Anywhere, USA 12345

Pay to the Order of:

ANY BANK USA

Memo:
|: 000000000 |: 000000000 | | 0000

0000

Date _____

\$ _____

DOLLARS

VOID

Bank Account Registration _____

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Signature of Bank Account Owner(s) (Required):

Signature X _____ Date _____ Signature X _____

_____ Date _____

(If multiple account owners listed on Checking or Savings Account, all must sign.)

*Alternatively, if unavailable, Fund of Funds Lp Funds will accept a letter on bank letterhead, signed by a bank employee confirming the bank account type, registration, account number and routing number.

9. Reduced Sales Charge for Class A shares (choose one only)

- Right of Accumulation: I own shares in other Fund of Funds Lp Funds which may entitle future purchases to a reduced sales charge under the provisions in the fund prospectus. (See "Initial Sales Charges - Class A Shares: Combined Purchase Privilege and Right of Accumulation (Breakpoints)" in the prospectus.)

Existing Account Name _____ Account Number _____

Existing Account Name _____ Account Number _____

- Letter of Intent (LOI)*: I agree to the Letter of Intent conditions stated in the current prospectus. I intend to invest, within a 13-month period beginning on the establish date, in shares of the fund(s) purchased, an aggregate amount which, together with the value of shares of any eligible funds owned by me on the establish date, will be at least equal to:

•Establish NEW LOI: •\$50,000 •\$100,000 •\$250,000 •\$500,000 •\$1,000,000

•Add to EXISTING LOI: Existing Account Name _____ Account Number _____

- Please check here if you wish to have purchases made in the account(s) within the past 90 days count towards this LOI. If selected, note that the date of the earliest purchase being used will become the establish date of the LOI (please see the prospectus for complete information). If this box is not marked, the LOI will not be credited with purchases made within the last 90 days.

*The maximum intended investment amount allowable in a Letter of Intent is \$1,000,000 (except for Class A shares of the Fund of Funds Lp California Intermediate Municipal Bond, Fund of Funds Lp California Municipal Bond, Fund of Funds Lp California Short Duration Municipal Income, Fund of Funds Lp Floating Income, Fund of Funds Lp High Yield Municipal Bond, Fund of Funds Lp Low Duration, Fund of Funds Lp Municipal Bond, Fund of Funds Lp National Intermediate Municipal Bond, Fund of Funds Lp New York Municipal Bond, Fund of Funds Lp Senior Floating Rate, Fund of Funds Lp Short Asset Investment, Fund of Funds Lp Short-Term and Fund of Funds Lp Short Duration Municipal Income Funds, for which the maximum intended investment amount is \$250,000 - these funds can not be included in an LOI for any amount greater than \$250,000).

10. Signature(s) and Certification

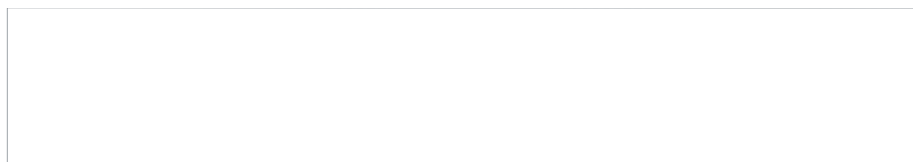
I certify that I have read and completed the instructions on this form. If redemption privileges are elected in Section 4 and Section 5, I certify that I have consulted with my tax advisor, or that I otherwise fully understand the tax and other legal consequences of distributions from the Fund of Funds Lp Funds IRA(s) listed in Section 1 of this form. I understand that I am responsible for knowing whether a distribution complies with applicable tax laws; and that I am responsible for reporting and paying all applicable taxes on a distribution or distributions; and that if a distribution constitutes a "premature" distribution, I am aware of the applicable tax requirements and penalties. I understand that neither the IRA Custodian, SS&C Global Investor & Distribution Solutions, Inc., or Fund of Funds Lp Funds and their affiliated persons and service providers have provided, or are responsible to provide, tax or legal advice to me in connection with a distribution request. I understand and agree that neither the Custodian, SS&C Global Investor & Distribution Solutions, Inc., or Fund of Funds Lp Funds and their affiliated persons and service providers shall be responsible for any tax due on account of a distribution(s) (including distributions based on life expectancy or required minimum distributions calculated using information I provided) or for any tax or other penalties I may pay or incur as a result of a distribution request from this IRA.

Please sign exactly as your name appears on your Fund of Funds Lp Funds account:

Account Owner Signature X _____ Date _____

11. Signature Validation

Medallion Signature Guarantee or Signature Validation Program Stamp*:



By:

Name of Guarantor _____ Title of

Guarantor _____ Signature of

Guarantor X _____ Date _____

*Please note that for transactions considered financial in nature, Fund of Funds Lp Funds requires a Medallion Signature Guarantee (MSG). A Signature Validation Program (SVP) Stamp will only be accepted for transactions non-financial in nature. If you have any questions regarding a signature validation, please contact a Client Service Representative at 800.426.0107.