



Account Options Form

CLASS A AND CLASS C SHARES

Use this form to make changes to or add account options to an existing account. This form is not intended for retirement accounts or individual participants of qualified plans. If you are an individual participant of a qualified plan, please contact your plan provider.

1. Current Account Information

Account

Number _____

Registered _____ Account _____ Name(s) _____

2. Address Change

Daytime Telephone

Number () _____

Mailing Address Change*

Physical Address Change

New _____ Street _____ Address _____

New City _____

New Daytime Telephone Number () _____

*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 12) Former Name (First, Middle Initial, Last)

_____ New Name (First, Middle

Initial, Last) _____

4. Telephone Transactions

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 9. **In completing this section, I acknowledge that this information will supersede any previous telephone transaction privileges.**

| | | |
|-------------|--------|---------|
| Purchases | Accept | Decline |
| Exchanges | Accept | Decline |
| Redemptions | Accept | Decline |

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

(Your bank may charge additional fees for wire transactions)

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 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. Due to mandatory cost basis regulations, for 1099-B reportable accounts, any gains or losses on mutual fund shares acquired and subsequently redeemed after January 1, 2012 will be reported to the IRS in accordance with your cost basis election method.

5. Dividend and Capital Gain Distribution Change

Select your dividend and capital gain distribution method. **In completing this section, I acknowledge that this information will supersede any previous dividend and capital gain elections.**

Select one of the following options:

| | | |
|--|-----------------|--------------------|
| Reinvest in the same fund. | Dividends | Capital Gains |
| Reinvest in a different fund: | | |
| Reinvest from fund _____ to fund _____ | __D__iv__idends | Reinvest |
| from fund _____ to fund _____ | __D__iv__idends | Reinvest from |
| fund _____ to fund _____ | __D__iv__idends | Reinvest from fund |
| _____ to fund _____ | __D__iv__idends | 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:

| | | |
|--|-----------|---------------|
| Deposit in my bank account via electronic transfer. (Please complete Section 9 if establishing or changing banking instructions) | Dividends | Capital Gains |
| Pay by check to account registration address. | Dividends | Capital Gains |
| Pay by check to a third party below: (Medallion Signature Guarantee or Signature Validation Program Stamp required in Section 12) | Dividends | Capital Gains |

Third Party Name _____

Third Party Address _____

City _____ State _____ ZIP Code _____

6. Automatic Investment Plan

Please establish a new automatic investment plan for the funds and amounts listed below. (If establishing or changing banking information, please complete Section 9 and Section 12 – 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 9 and Section 12 – a Medallion Signature Guarantee or Signature Validation Program Stamp is required)

Please cancel my current automatic investment plan.

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)

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

7. Automatic Exchange Plan

Due to mandatory cost basis regulations, for 1099-B reportable accounts, any gains or losses on mutual fund shares acquired and subsequently redeemed after January 1, 2012 will be reported to the IRS in accordance with your cost basis election method. A Medallion Signature Guarantee or Signature Validation Program Stamp is required in Section 12 if you are exchanging between accounts that have different registrations.

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 of Funds Lp Funds account:

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 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.

8. Automatic Withdrawal Plan

A minimum account balance of \$10,000 is required for an automatic withdrawal plan to be established on an account. Due to mandatory cost basis regulations, for 1099-B reportable accounts, any gains or losses on mutual fund shares acquired and subsequently redeemed after January 1, 2012 will be reported to the IRS in accordance with your cost basis election method.

Please establish a new automatic withdrawal plan for the following funds and amounts.

Please change my current automatic withdrawal plan.

(If banking information is changing, please also complete Section 9)

Please cancel my current automatic withdrawal plan.

Withdrawal Schedule:

| Transactions should occur | Monthly | Quarterly | Annually |
|--|---------|-----------|--|
| Transactions should begin _____ / _____ / _____ (mm/dd/yyyy) | | | |
| Fund Name _____ | Class A | Class C | Withdrawal Amount _____ (\$50 minimum per fund) |
| Fund Name _____ | Class A | Class C | Withdrawal Amount _____ (\$50 minimum per fund) |
| Fund Name _____ | Class A | Class C | Withdrawal Amount _____ (\$50 minimum per fund) |
| Fund Name _____ | Class A | Class C | Withdrawal Amount _____ (\$50 minimum per fund) |

Note: This can result in the liquidation of the account in the event the periodic distribution amount exceeds the current account balance. If you have additional selections, please attach a separate page that includes all of the information requested above. Sign and date the page.

8. Automatic Withdrawal Plan (continued)

Please Send Redemption Proceeds to:

Account registration address

Bank account via electronic transfer

(If establishing or changing banking information, please complete Section 9 and Section 12 – a Medallion Signature Guarantee or Signature Validation Program Stamp is required)

Third party payee as follows:

(Medallion Signature Guarantee or Signature Validation Program Stamp required in Section 12)

Name

Address

City _____ State _____ ZIP Code _____

9. Bank Account Information

(Medallion Signature Guarantee or Signature Validation Program Stamp Required in Section 12)

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 unless the shareholder provides a return address. If no return address is provided, the Fund of Funds Lp Funds will stop any automatic investment plan on the

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.*

Bank Account Registration: John A. Sample
123 Same Street
Anywhere, USA 12345

Bank Name: ANY BANK USA

Bank Routing Number: | 000000000 | 000000000 | 0000

Bank Account Number: _____

Date: _____

Pay to the Order of: _____

Memo: _____

Amount: \$ _____ DOLLARS

0000

VOID

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.

10. 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).

11. Signature(s) and Certification

Please sign exactly as your name(s) appear on your Fund of Funds Lp Funds account: Signature of account owner, trustee, executor/executrix, general partner, etc. X _____ Date _____

_____ Title of _____

Officer, Trustee, etc. _____

(If applicable)

Signature of account owner, trustee, executor/executrix, general partner, etc. X _____ Date _____

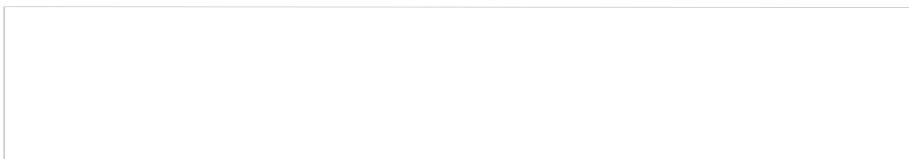
_____ Title of Officer, _____

Trustee, etc. _____

(If applicable)

12. 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