

## Appointment of Financial Professional

For more information, contact us toll-free at 800.820.0888 or fax 855.671.8280.

Visit our website at [GuggenheimInvestments.com](http://GuggenheimInvestments.com)

Standard delivery: Guggenheim Investments, P.O. Box 534493, Pittsburgh, PA 15253-4493

Overnight delivery: Guggenheim Investments, Attention: 534493, 500 Ross Street, Pittsburgh, PA 15262

**This form is used to authorize one or more financial professionals (i.e. an investment advisor and/or a broker) to give Guggenheim instructions on your behalf for your account. This form must be completed and signed by the registered account owner(s) and all appointed financial professionals.**

Account Name

Account Number\*

*\*If you are establishing a new Guggenheim account, please send a completed application with this form and leave the account number field above blank.*

### FINANCIAL PROFESSIONAL AGREEMENT

By completing and signing this form, I (the Financial Professional) accept the terms set forth below. I understand that this acceptance will remain in full force and effect until such time as Guggenheim receives written notice of its revocation from me, a representative of my firm or the registered account owner(s). I understand that if the registered account owner(s) revokes the appointment and/or authorization set forth below, Guggenheim will not take any further instructions from me without written consent from the registered account owner(s).

If the registered account owner(s) have authorized the management fee deduction provision below, I agree (i) to provide Guggenheim with true and accurate invoices of the management fees owed to me by the registered account owner(s) and (ii) to designate on each invoice which fund shares are to be sold in order to pay these fees. I represent that I am authorized under all applicable laws to receive such fees. I will send the registered account owner(s) notification of the amount of each invoice I provide to Guggenheim. I acknowledge that any management fee deduction is a service provided by Guggenheim to registered account owner(s) and understand that Guggenheim makes no guarantees regarding this service.

I understand that it is the policy of Guggenheim to reject third-party checks. Third-party checks less than \$25,000 may be excluded. I represent and warrant that any third-party check submitted into this account is legitimate.

I will indemnify and hold harmless Guggenheim, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon my representations or authorizations.

### SHARE CLASS DESIGNATION

Please complete this section to designate the share class of the funds to be purchased in this account. If a share class is not indicated below, the account will automatically purchase Investor/H-Class shares. Institutional shares are not available for all funds.

A-Class  C-Class  Investor/H-Class  H-Class  Institutional Class

A-Class (Load Waived) Reason: \_\_\_\_\_ See fund prospectus for more information.

### BROKER/DEALER INFORMATION (TO BE COMPLETED BY THE REGISTERED REPRESENTATIVE)

Firm Name

Telephone Number

Rep Email Address

Rep Name

Rep Code

Branch Code

Branch Address

City

State

Zip

Trading Group Number  
(if applicable)

*An account may only have one trading group number assigned.*

**B/D Registered Representative's Authorized Signature**

**Note: Client signature(s) required on next page.**

**REGISTERED INVESTMENT ADVISOR INFORMATION (TO BE COMPLETED BY THE INVESTMENT ADVISOR)**

_____ Firm Name			_____ Telephone Number		_____ Rep Email Address	
_____ Rep Name			_____ Rep Code		_____ Branch Code	
_____ Branch Address						
_____ City		_____ State		_____ Zip		
_____ <b>Advisor's Authorized Signature</b>				Trading Group Number (if applicable)		

*An account may only have one trading group number assigned.*

**OPTIONS FOR CLIENTS OF REGISTERED INVESTMENT ADVISORS (IF APPLICABLE)**

**Management Fees**

- I authorize Guggenheim to pay the account management fee owed by me to the financial professional(s) directly from my account, as invoiced by the financial professional(s). Guggenheim may sell shares in any of the funds held in my account in order to pay these fees in the absence of receiving directions from the financial professional(s) and will not be obligated to contact me before doing so. Guggenheim may rely on invoices provided by the financial professional(s). Guggenheim will have no responsibility to calculate or verify fees so invoiced.
  
- I do NOT authorize Guggenheim to pay any account management fees directly from my account.

**AUTHORIZATION AND APPOINTMENT OF FINANCIAL PROFESSIONAL**

***The following appointment will remain in full force and effect until the earlier of: 1) Guggenheim, or its successors, receives a written notice of revocation signed by either the Owner or Attorney-in-fact or 2) the death of the Owner.***

I hereby appoint the financial professional(s) set forth above as my agent and attorney-in-fact ("Attorney-in-fact"). I authorize Guggenheim to release account information to my Attorney-in-fact and to comply with written, telephone, internet or faxed instructions from my Attorney-in-fact. I understand that my Attorney-in-fact will not have authority to name or change any beneficiary on my account(s).

I understand that the financial professional(s) is not an agent or employee of Guggenheim, its affiliates or agents, and neither Guggenheim nor its employees, agents or affiliates have approved or made any recommendation, representation, or endorsement of the financial professional(s). I will indemnify and hold harmless Guggenheim, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon the representations of the financial professional(s) or for acting on any authorizations I have given herein. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to Guggenheim.

**CLIENT SIGNATURE**

_____ Signature of Owner, Trustee, Custodian, or Authorized Individual			_____ Print Name		_____ Date	
_____ Signature of Joint Owner or Co-Trustee (if applicable)			_____ Print Name		_____ Date	