

INVESTMENT SLIP

Date: \_\_\_\_\_



| Account Number | Account Registration |
|----------------|----------------------|
|                |                      |

- Check here if you are making a contribution to an IRA or Coverdell ESA account  
Tax year of contribution: \_\_\_\_\_  
Type of contribution:  Traditional  Roth  SEP  Coverdell ESA
- Check here if this is a 60-day Rollover  
Rollover from:  another IRA  an Employer-Sponsored Plan
- Check here if you are paying your \$15 annual qualified account fee
- Check here if you have indicated an account change on the reverse side of this slip

Send your check along with this investment slip to: **Guggenheim Investments**

**Standard Delivery:**  
P.O. Box 758567  
Topeka, KS 66675-8567

**Overnight Delivery:**  
200 SW 6th Avenue  
Topeka, KS 66603-3704

| Fund Selection                 |           |
|--------------------------------|-----------|
| U.S. Government Money Market   | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| <b>TOTAL INVESTMENT AMOUNT</b> | <b>\$</b> |

Please do not make an investment into a fund for which you have not received a prospectus.

Guggenheim Investments does not accept cash or cash equivalents (such as traveler's checks and money orders), starter checks or checks drawn on a line of credit (including credit card convenience checks). The funds typically do not accept third-party checks. Guggenheim Investments reserves the right to refuse other payment instruments if, in the sole discretion of fund management, it is deemed to be in the best interests of the funds. Any payment instrument not accepted will generally be returned to you within twenty-four (24) hours of (and not later than seventy-two (72) hours after) Guggenheim Investments' decision not to accept such instrument.

INVESTMENT SLIP

Date: \_\_\_\_\_



| Account Number | Account Registration |
|----------------|----------------------|
|                |                      |

- Check here if you are making a contribution to an IRA or Coverdell ESA account  
Tax year of contribution: \_\_\_\_\_  
Type of contribution:  Traditional  Roth  SEP  Coverdell ESA
- Check here if this is a 60-day Rollover  
Rollover from:  another IRA  an Employer-Sponsored Plan
- Check here if you are paying your \$15 annual qualified account fee
- Check here if you have indicated an account change on the reverse side of this slip

Send your check along with this investment slip to: **Guggenheim Investments**

**Standard Delivery:**  
P.O. Box 758567  
Topeka, KS 66675-8567

**Overnight Delivery:**  
200 SW 6th Avenue  
Topeka, KS 66603-3704

| Fund Selection                 |           |
|--------------------------------|-----------|
| U.S. Government Money Market   | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| <b>TOTAL INVESTMENT AMOUNT</b> | <b>\$</b> |

Please do not make an investment into a fund for which you have not received a prospectus.

Guggenheim Investments does not accept cash or cash equivalents (such as traveler's checks and money orders), starter checks or checks drawn on a line of credit (including credit card convenience checks). The funds typically do not accept third-party checks. Guggenheim Investments reserves the right to refuse other payment instruments if, in the sole discretion of fund management, it is deemed to be in the best interests of the funds. Any payment instrument not accepted will generally be returned to you within twenty-four (24) hours of (and not later than seventy-two (72) hours after) Guggenheim Investments' decision not to accept such instrument.

INVESTMENT SLIP

Date: \_\_\_\_\_



| Account Number | Account Registration |
|----------------|----------------------|
|                |                      |

- Check here if you are making a contribution to an IRA or Coverdell ESA account  
Tax year of contribution: \_\_\_\_\_  
Type of contribution:  Traditional  Roth  SEP  Coverdell ESA
- Check here if this is a 60-day Rollover  
Rollover from:  another IRA  an Employer-Sponsored Plan
- Check here if you are paying your \$15 annual qualified account fee
- Check here if you have indicated an account change on the reverse side of this slip

Send your check along with this investment slip to: **Guggenheim Investments**

**Standard Delivery:**  
P.O. Box 758567  
Topeka, KS 66675-8567

**Overnight Delivery:**  
200 SW 6th Avenue  
Topeka, KS 66603-3704

| Fund Selection                 |           |
|--------------------------------|-----------|
| U.S. Government Money Market   | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| Other: _____<br>(Fund Name)    | \$        |
| <b>TOTAL INVESTMENT AMOUNT</b> | <b>\$</b> |

Please do not make an investment into a fund for which you have not received a prospectus.

Guggenheim Investments does not accept cash or cash equivalents (such as traveler's checks and money orders), starter checks or checks drawn on a line of credit (including credit card convenience checks). The funds typically do not accept third-party checks. Guggenheim Investments reserves the right to refuse other payment instruments if, in the sole discretion of fund management, it is deemed to be in the best interests of the funds. Any payment instrument not accepted will generally be returned to you within twenty-four (24) hours of (and not later than seventy-two (72) hours after) Guggenheim Investments' decision not to accept such instrument.

**CHANGE OF ADDRESS**

Additional Account Number(s) Affected by this Change *(if applicable)*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**New Address**

\_\_\_\_\_ Effective Date of New Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

✕

Authorized Signature *(Required)*

**CHANGE OF ADDRESS**

Additional Account Number(s) Affected by this Change *(if applicable)*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**New Address**

\_\_\_\_\_ Effective Date of New Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

✕

Authorized Signature *(Required)*

**CHANGE OF ADDRESS**

Additional Account Number(s) Affected by this Change *(if applicable)*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**New Address**

\_\_\_\_\_ Effective Date of New Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

✕

Authorized Signature *(Required)*