

ACCESSOR

EXCHANGE BETWEEN FUNDS FORM

ACCESSOR FUNDS

Please use this form for one shareholder account only.

Each "Exchange From" may be requested in either dollar or share amounts. Each exchange from a Fund must have a corresponding "Exchange Into" another Fund. Every "Exchange From" may create a gain or a loss and may have tax consequences.

REP INFORMATION

Rep Name _____ Rep ID/# _____

Rep Signature _____

Company _____ Branch ID/# _____

Phone _____ Date/Time Sent _____

ACCOUNT INFORMATION

Account Number _____

Account Name _____

See Fund Information page for a list of Fund codes and Fund names

EXCHANGE FROM				EXCHANGE INTO	
FUND CODE	FUND NAME	# OF SHARES	DOLLAR AMOUNT	FUND CODE	FUND NAME

SUBMIT COMPLETED FORM TO:

ACCESSOR FUNDS, P.O. Box 1345 DENVER, CO 80201
TOLL FREE: 800 759 3504 FAX: 303 825 2575