



**Asset  
Management**

# Dividend Payment Form *for Non-retirement accounts*

Please complete this form if you would like to change your dividend and/or distribution option

## 1 INVESTOR INFORMATION *Please type or print*

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apartment #	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Daytime Phone	
<input type="text"/>	<input type="text"/>	

☐ Please check if you are changing your address of record.

## 2 ACCOUNT INFORMATION

Fund Name	Fund Number*	Account Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Can be found on your account statement.

## 3 DISTRIBUTION INSTRUCTIONS *Please choose one*

### Dividend Income

- A ☐ Reinvest
- B ☐ Cash to the Address of Record
- C ☐ Direct Deposit (Please attach a voided check) Signature Guarantee Required
- D ☐ Reinvest to Another Account in same name. Must be to the same or equivalent class of shares.

Fund Name	Account Number
<input type="text"/>	<input type="text"/>
Fund Name	Account Number
<input type="text"/>	<input type="text"/>

If this is a new account, please submit an Account Application.

### Capital Gains

- A ☐ Reinvest
- B ☐ Cash to the Address of Record
- C ☐ Direct Deposit (Please attach a voided check) Signature Guarantee Required
- D ☐ Reinvest to Another Account in same name. Must be to the same or equivalent class of shares.

Fund Name	Account Number
<input type="text"/>	<input type="text"/>
Fund Name	Account Number
<input type="text"/>	<input type="text"/>

If this is a new account, please submit an Account Application.

CONTINUED ►

**5 YOUR SIGNATURE**

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated. I(we) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about distributions.

Signature (title) \_\_\_\_\_ Date \_\_\_\_\_

Signature (title) \_\_\_\_\_ Date \_\_\_\_\_

**6 SIGNATURE GUARANTEE** – *Required if you selected option "C" within Part 3*

A Signature Guarantee assures that the signature is genuine and not a forgery. Eligible guarantors include banks, brokerage firms or other financial intermediaries that are members of an approved Medallion Guarantee Program. **Note: A guarantee from a Notary Public is not acceptable.**

Name of eligible guarantor institution: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

AFFIX MEDALLION GUARANTEE STAMP HERE

**7 RETURN INSTRUCTIONS** *Faxes not accepted*

*Please mail to:* GOLDMAN SACHS FUNDS, P.O. Box 219711 Kansas City, MO 64121-9711

*Or for overnight mail to:* GOLDMAN SACHS FUNDS, 330 West Ninth Street, Kansas City, MO 64105

**For assistance completing this form, please contact a Representative at 1-800-526-7384, Monday through Friday 7:00 a.m. to 5:30 p.m. Central.**