

Automatic Investments Authorization

This service lets you set up automatic investments on your BIT retirement account.

For assistance in completing this form please call 1-800-462-2392

Burnham Investors Trust

c/o PFPC Inc. PO Box 9781
Providence, RI 02940-9781

1 PLEASE TELL US ABOUT YOURSELF:

FIRST MIDDLE LAST NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH

STREET

CITY STATE ZIP CODE TELEPHONE

2 AUTOMATIC INVESTMENT PLAN

Minimum investment: \$100.

For this service to work, your bank must offer Automated Clearing House (ACH) services. Money will be withdrawn from your bank account on the date(s) you indicate below (or the next business day, whenever that date isn't a business day). Newly purchased shares will appear in your Burnham IRA account within three business days of the withdrawal.

\$
AMOUNT TO TRANSFER

FUND TO TRANSFER TO SHARE CLASS, IF ANY

ACCOUNT NUMBER TO TRANSFER TO

Please schedule my transfers to occur (check one in each column):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> monthly | <input type="checkbox"/> on the 5th of the month |
| <input type="checkbox"/> quarterly | <input type="checkbox"/> on the 15th of the month |
| <input type="checkbox"/> yearly | <input type="checkbox"/> on the 5th and the 15th
(i.e., twice a month) |

3 YOUR BANK ACCOUNT

Attach a voided, unsigned check or, if the account is not a checking account, a blank deposit slip. (Passbook savings accounts are not eligible.)

BANK NAME

BANK ADDRESS

CITY STATE ZIP

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

NAME OF ONE BANK ACCOUNT HOLDER (as it appears on bank statements)

NAME OF JOINT BANK ACCOUNT HOLDER, IF ANY

4 YOUR SIGNATURE(S)

If your name is on the account for which this service is being requested, you need to sign below.

By signing below, I acknowledge that I:

- a) am authorizing the service described above
- b) have received and read a current prospectus for any funds in which I am investing
- c) have the right to cancel any service at any time by writing to Burnham Investors Trust

YOUR SIGNATURE (as your name appears on your New Account Application or fund statement) DATE (month/day/year)

SIGNATURE OF JOINT OWNER, IF ANY DATE (month/day/year)

5 SIGNATURE GUARANTEE

Please make sure that a clear impression of the guarantee stamp appears above the signature.

For Direct Investors

NAME OF BANK OR OTHER GUARANTOR

GUARANTOR'S STREET OR P.O. BOX NUMBER

CITY STATE ZIP

The bank or guarantor guarantees the owner's legal capacity and all signatures on this application and on related checks and instructions.

[Place stamp here.](#)

SIGNATURE OF BANK'S OR GUARANTOR'S REP. DATE (month/day/year)