

Beneficiary Designation

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
FUND		ACCOUNT NUMBER	

2 BENEFICIARY DESIGNATION

Primary Beneficiary/Beneficiaries:

Please check here if you have attached a separate sheet with additional Primary Beneficiaries. Sign and date the sheet.

NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	
NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	
NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	

Contingent Beneficiary/Beneficiaries:

Please check here if you have attached a separate sheet with additional Contingent Beneficiaries. Sign and date the sheet.

NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	
SIGNATURE		DATE	
NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	
SIGNATURE		DATE	
NAME	% OF DISTRIBUTION		
STREET			
CITY	STATE	ZIP CODE	
BIRTH DATE		RELATIONSHIP	
SOCIAL SECURITY NUMBER		TELEPHONE	
SIGNATURE		DATE	