

4 REQUIRED MINIMUM DISTRIBUTION INFORMATION

Please calculate the Required Minimum Distribution based upon the value of this retirement account.

I understand that this calculation is based on the information supplied below, and does not include any other IRA assets I may own.

I elect NOT to take a distribution from the named mutual fund at this time

Single Life Expectancy — Date of Birth ____ / ____ / ____ .

Recalculate annually.

Term Certain — Reduce initial life expectancy by one each year.

Oldest Primary Beneficiary — Date of Birth ____ / ____ / ____ .

NAME **RELATIONSHIP TO SHAREHOLDER**

Recalculate annually.

Term Certain — Reduce initial life expectancy by one each year.

Recalculate both life expectancies annually (Spouse Beneficiary only).

Term Certain — Reduce initial life expectancy by one each year.

Recalculate my life expectancy / Term Certain Reduce Non-Spouse Beneficiary's life expectancy.

5 DIVIDEND OPTIONS

I understand that if I am over age 59½, I may choose to have my dividends paid to me in cash. Your signature below will verify you are age 59½ or over.

Please have future Dividends paid to me in cash.

Please have future Capital Gains paid to me in cash.

6 SPECIAL INSTRUCTIONS

Signature Guarantee required if proceeds are being sent to alternate address or wired/ACH

7 SHAREHOLDER SIGNATURE/AUTHORIZATION

SHAREHOLDER SIGNATURE

DATE

I have read and agreed to ALL information provided/printed on this election form.

Note: Signature Guarantee may be required. Please refer to the prospectus.

Mail this form to either:

Regular Mail

Burnham Investors Trust
c/o PFPC
PO Box 9781
Providence, RI 02940-9781

Overnight Express

Burnham Investors Trust
c/o PFPC
760 Moore Road
King of Prussia, PA 19406-1212