

New Account Application, *continued*

4 SALES CHARGE REDUCTIONS

- These apply only when investing in Class A shares.
- Letter of Intent and Right of Accumulation may be used separately or together.

Letter of Intent

Use for reducing sales charges. Minimum initial investment: at least 5% of total intended investment.

- I intend to invest, without obligation, a total of at least the following amount in eligible shares over a 13-month period:
- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$250,000 | |
- Please include all investments made after _____
(month/day/year)

Right of Accumulation

Use for reducing sales charges. Write any additional account numbers on a separate sheet.

- When figuring my sales charges for this investment, please include the assets in the following accounts owned by me, my spouse, or any children under the age of 21:

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

- Please include all investments made after _____
(month/day/year)

Waivers

See "Sales Charge Waivers" in the prospectus for eligibility information. If you are eligible because of a job or affiliation, please have a representative of your organization provide a verifying signature below.

- I certify that I am eligible for a sales charge waiver and request it for all investments on this account:

ELIGIBILITY CATEGORY _____

I verify that the person(s) named in section 1 is/are employed by, or affiliated with, the company or organization named below.

AUTHORIZED SIGNATURE _____

NAME AND TITLE OF AUTHORIZED PERSON _____

NAME OF COMPANY OR ORGANIZATION _____

5 DIVIDEND/CAPITAL GAIN CHOICES

- If you don't check any of these boxes, we will reinvest your dividends and capital gains in shares of the fund they came from.

I/we would like our dividends: and our capital gain distributions:

<input type="checkbox"/> reinvested in fund shares	<input type="checkbox"/> reinvested in fund shares
<input type="checkbox"/> paid in cash	<input type="checkbox"/> paid in cash

If you choose to have any distribution paid in cash, please check one of the options below. NOTE: We will send all distributions to you, by check, at your current address of record if you do not make a selection.

- Send distributions to my bank account (Complete Section 11, Your bank Account).
- Send distributions to me at my address of record by check.

6 TELEPHONE SERVICES

- You automatically have the ability to exchange and sell shares by phone (amounts of \$50,000 or less; see the prospectus for more information). You can have this feature removed from your account by checking the box at the end of this section.
- Proceeds from shares you sell will be mailed to the address of record. To have them wired or transferred to a bank account, check the appropriate box below.

Wire Redemption Feature

Minimum redemption: \$5,000.

Be sure to complete sections 11 through 12 of this application.

- I/We authorize Burnham Investors Trust to wire proceeds from telephone redemption orders to the bank account indicated in section 11 of this application.

Electronic Transfer Feature

Be sure to complete sections 11 through 12 of this application.

- I/We authorize Burnham Investors Trust to transfer money between the funds and the bank account indicated below in processing telephone orders to buy and sell.

Request to Decline Telephone Privileges

Be sure to complete section 12 of this application.

- I/We do not want the ability to sell or exchange shares by telephone on this account.

Broker Dealer Information *(For broker use only)*

NAME OF BROKER/DEALER FIRM _____

BROKER DEALER NUMBER _____

BRANCH OFFICE NUMBER _____

BRANCH OFFICE ADDRESS _____

CITY, STATE, ZIP _____

()

REP NAME _____

REP NUMBER _____

REP PHONE _____

New Account Application, *continued*

7 BUYING SHARES AUTOMATICALLY

- These services let you set up automatic investments or exchanges on non-retirement accounts.

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 account within three business days of the withdrawal.

Be sure to complete sections 11 through 12 of this application.

\$ _____
AMOUNT TO TRANSFER FROM BANK INDICATED IN SECTION E

FUND TO TRANSFER TO _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER TO TRANSFER TO _____

Please schedule my transfers to occur beginning _____
DATE (month/year)

(check one box 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) |

Automatic Exchange Plan

Minimum exchange: \$100 (or minimum initial investment if opening a new fund account).

Shares of your source fund will be sold 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 the Burnham fund of your choice within three business days of the sale of source fund shares.

Be sure to complete section 12 of this application.

\$ _____
VALUE OF FUND SHARES TO SELL

SOURCE FUND (FUND TO SELL SHARES FROM) _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER OF SOURCE FUND _____

FUND TO EXCHANGE INTO _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER TO EXCHANGE INTO _____

Please schedule my exchanges to occur beginning _____
DATE (month/year)

(check one box 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) |

8 SELLING SHARES AUTOMATICALLY

- This service lets you set up automatic redemptions from non-retirement accounts.

Systematic Withdrawal Plan

Minimum withdrawal: \$50.

For this service to work, your bank must offer Automated Clearing House (ACH) services.

Minimum current account balance: \$5,000.

Shares of your source fund will be sold on the 20th of the month (or the next business day, whenever the 20th isn't a business day).

Proceeds will be transferred to the bank account indicated in section 11.

Be sure to complete sections 11 through 12 of this application.

\$ _____
VALUE OF EACH WITHDRAWAL

SOURCE FUND (FUND TO SELL SHARES OF) _____ SHARE CLASS, IF ANY _____

SOURCE FUND ACCOUNT NUMBER _____

Please schedule my withdrawals to occur beginning _____
DATE (month/year)

- monthly quarterly yearly

9 CHECKWRITING

- Available on Burnham U.S. Government Money Market Funds only.
- Each check must be for at least \$250.

Money Market Fund Checkwriting

Be sure to complete section 12 of this application.

I/We request checkwriting on our _____ account in:

- Burnham U.S. Government Money Market Fund

I/We request that in order to be accepted, checks must be:

- signed by only one account owner
 signed by both account owners

YOUR NAME (exactly as you will sign it on checks) _____

YOUR SIGNATURE _____

NAME OF JOINT OWNER, IF ANY (exactly as joint owner will sign it on checks) _____

JOINT OWNER'S SIGNATURE _____

YOUR ACCOUNT NUMBER (leave blank for new accounts) _____

Application continues on other side >

New Account Application, *continued*

10 DUPLICATE STATEMENTS

CHECK ONE:

Interested Party Dealer Financial Planner

NAME _____

COMPANY _____ E-MAIL ADDRESS _____

STREET ADDRESS or P.O. BOX _____

CITY _____ STATE _____ ZIP _____

11 YOUR BANK ACCOUNT

- Below, please 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 _____

TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE:

12 YOUR SIGNATURE(S)

- If your name appears in section 1 of this application, you need to sign below.
- If you are subject to backup withholding, cross out clause "e" below.

By signing below, I acknowledge that I:

- have received and read a current Burnham Investors Trust prospectus and agree to be bound by its terms
- have the authority to purchase these shares, and am of a legal age to do so
- am responsible for all unauthorized telephone instructions on my account, unless the fund or its agents are negligent or unless I have declined telephone privileges on the Shareholder Services Application

In addition, I certify, under penalty of perjury, that:

- the number shown in section 1 is my correct Social Security/Taxpayer Identification Number, or that I have applied or will apply for such a number, and will provide it within sixty (60) days after signing this application
- I am not subject to back withholding because: (1) I am exempt from backup withholding; or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (3) the IRS has notified me that I am no longer subject to backup withholding. Cross out Section e) if you have been notified by the IRS that you are currently subject to backup withholding.
- I am a U.S. person (including a U.S. resident alien).**
- I am aware that the only portions of this application for which the IRS requires my consent are the tax certification above and the provision of my federal tax identification number.

SIGNATURE OF OWNER, TRUSTEE OR CUSTODIAN _____ DATE MM/DD/YY _____

SIGNATURE OF JOINT OWNER, OR CO-TRUSTEES, IF ANY _____ DATE MM/DD/YY _____

Please mail completed application to:

**BURNHAM INVESTORS TRUST
C/O PFPC Inc.
P.O. Box 9781
Providence, RI 02940-9781**

QUESTIONS: **1-800-462-2392**