

Overnight Delivery:

Payden Funds 235 W Galena Street Milwaukee WI53212 Regular Mail: Payden Funds P.O. Box 1611 Milwaukee, WI 53201-1611

Instructions: Use this form to request a redemption from your Payden Funds account. If you have questions about completing this form, please contact our Shareholder Services Department at 800-572-9336. Once completed please mail the form to Payden Funds, P.O. Box 1611, Milwaukee, WI 53201-1611.

L.	ACCOUNT INFORMATION =							
	Account Number							
	Account Registration							
	Street Address							
	City			State	Zip			
	Social Security/Tax ID			Date of Birtl	1			
	Please indicate if this is a single, one-time only redemption or a systematic withdrawal request. The amount indicated will apply to each distribution. Single redemptions in excess of \$100,000 require a medallion signature guarantee; see Section 5							
	☐ Single redemption Amount \$	or	%					
	☐ Periodic Payment (please choose frequency):	:						
	☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually							
	Amount \$or	shares						
	If you choose a periodic payment, please indicate on which of the following days you would like it to be issued.							
	Q 5th or Q 20th of the month							
	Beginning themonth of, 2	0						

☐ Check to address of record.	ı. Please select the payment method you prefe					
☐ Check to different address (Requires a Medallion Signature Guarantee; See Section 5).						
Name						
Street Address						
City	State	Zip				
☐ Please send my redemption to the bank listed on my account via:						
☐ Electronic Funds Transfer (2-3 business days; no fee).						
☐Wire (A \$20.00 fee will be charged).						
☐ Please charge the \$20.00 fee to the account.						
☐ Please do not charge the \$20.00 wire fee to the account. If Payden Funds.	nave enclosed a check for the \$20.00 made par	/ableto				
☐Please send my redemption to the bank listed below (Requires Medallion Signature)	ature Guarantee; See Section 5) via:					
☐ Electronic Funds Transfer (2-3 business days; no fee)						
☐ Wire (A \$20.00 fee will be charged.)						
☐ Please charge the \$20.00 fee to the account.						
Please do not charge the \$20.00 wire fee to the account. If Payden Funds.	nave enclosed a check for the \$20.00 made par	vable to				
Please attach a voided, unsigned check or saving account deposit slip for the	e bank account listed below.					
Bank Name						
Street Address						
City	State	Zip				
	State	Zip				
	State Account Number	Zip				
Name(s) on Account		Zip				
Name(s) on Account ABA Routing Number		Zip				
		Zip				
Name(s) on Account ABA Routing Number		Zip				
Name(s) on Account ABA Routing Number		Zip				
Name(s) on Account ABA Routing Number		Zip				
Name(s) on Account ABA Routing Number		Zip				

4. SIGNATURES

By signing below:

7.

- I understand that I am appointing the Funds as an agent to redeem shares in my account. Payments will be made by redeeming the appropriate number of shares in the account at the then current net asset value. Redemptions will be processed the first available business day. Payments will normally be mailed within two business days thereafter.
- I authorize the Funds and their agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. The Funds will employ reasonable procedures to confirm that instructions communicated by phone are genuine. To the extent that the Funds do not follow these procedures, they may be liable for losses due to unauthorized or fraudulent instructions.

By completing sect	tion 3 and signing below:					
I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Payden Funds shall be full protected in honoring any such transaction. I also agree that Payden Funds may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.						
X						
Signature of Ow	vner			Date		
x						
Signature of Ow	ner			Date		
MEDALLION	N SIGNATURE GUA	ARANTEE				
				int, if the redemption amount is over tered to a name other than your name		
•	nd loan or other eligible guar		9 .	nercial bank, trust company or federally iation Medallion Program. A notary public i s		