



Regular mail: Highland Funds PO Box 8656 Boston MA 02266-8656 Telephone: 877-665-1287	Overnight mail: Highland Funds c/o BFDS 30 Dan Road Canton, MA 02021
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**HIGHLAND FUNDS INDIVIDUAL RETIREMENT ACCOUNT (IRA)
RECHARACTERIZATION FORM**

To be completed when recharacterizing a contribution or conversion between Traditional and Roth IRAs.

PARTICIPANT INFORMATION

Name: _____ Daytime Telephone: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

RECHARACTERIZATION INSTRUCTIONS

If you do not have an existing Roth IRA or Traditional IRA, you must complete a Traditional and Roth IRA Application and Adoption Agreement ("the Application"). Earnings associated with the recharacterization are calculated according to Internal Revenue Service (IRS) regulations. All transactions are reportable to the IRS on IRS form 1099-R (distribution) and 5498 (contribution).

TRANSACTION TYPE

Select one of the following:

Recharacterize my **conversion contribution** (plus allocable earnings) from my **Roth IRA back to a Traditional IRA**.

Date of Conversion: _____ Amount to Recharacterize: \$ _____

From: Roth IRA Account Number: _____

To: Traditional IRA Account Number: _____ or Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Traditional IRA to a Roth IRA**.

Date of Contribution: _____ Amount to Recharacterize: \$ _____

From: Traditional IRA Account Number: _____

To: Roth IRA Account Number: _____ or Application attached

Recharacterize my **annual contribution** (plus allocable earnings) from my **Roth IRA to a Traditional IRA**.

Date of Contribution: _____ Amount to Recharacterize: \$ _____

From: Roth IRA Account Number: _____

To: Traditional IRA Account Number: _____ or Application attached

Please complete and sign page 2

DISTRIBUTION INSTRUCTIONS FOR RECHARACTERIZED AMOUNTS

From: Fund Name: _____ %

From: Fund Name: _____ %

From: Fund Name: _____ %

Election must equal 100%

INVESTMENT INSTRUCTIONS FOR RECHARACTERIZED PROCEEDS

To: Fund Name: _____ %

To: Fund Name: _____ %

To: Fund Name: _____ %

Election must equal 100%

CERTIFICATION AND SIGNATURE

I authorize Highland Funds and the IRA custodian to process this recharacterization request. I certify that I am the Participant authorized to make this election and that all information provided on this form is true and accurate. I further certify that no tax or legal advice has been given to me by the IRA custodian, Highland Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The IRA custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The IRA custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election and agree that the IRA custodian, Highland Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

I have read and understand and agree to be legally bound by the terms of this form.

Participant's Signature: _____ Date : _____

Mail to the following:

First Class Mail:
Highland Funds
P.O. Box 8656
Boston, MA 02266-8656

Overnight Mail:
Highland Funds
30 Dan Road
Canton, MA 02021-2809
1-877-665-1287