

D. Authorized Person(s) (Required for inherited accounts if the owner is an entity).

1.	_____	_____	_____	_____
First Name*	Middle Initial	Last Name*	Title (i.e. president, treasurer, trustee)	
2.	_____	_____	_____	_____
First Name*	Middle Initial	Last Name*	Title (i.e. president, treasurer, trustee)	
*Required Information				

Check here if extra pages are attached for additional Authorized Persons.

E. Employer Information (SEP IRA, SIMPLE IRA, and 403(b)(7) only)

Employer Name*				
_____		() _____		
Contact Person	Contact Telephone Number			
_____		_____	_____	
Street Address* (PO Box not permitted, except APO or FPO)		City*	State*	Zip Code*
*Required Information				

2. Account Address of Record/Contact Information

_____		_____	_____	_____
Mailing Address (if different from the primary owner's street address)		City	State	Zip Code
() _____		_____		
Contact Telephone Number		Email Address		

Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided above informing you when a document is available for viewing at www.highlandfunds.com

You may view, change or revoke your E-Delivery preferences and the email address we have on file for you at any time by logging into our online account access system at www.highlandfunds.com. Confidential account information will not be sent to you or requested from you via email.

Document Types for E-Delivery:

Prospectus and Shareholder Reports Quarterly Statements

3. Broker-Dealer Information (if applicable)

By designating a broker/dealer or financial adviser, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s).

_____		_____	_____
Broker/Dealer Name		Dealer Number	Branch Number
_____		_____	_____
Street Address		City	State Zip Code
_____		_____	
Registered Representative's Name		Rep. Number	

4. Your Initial Investment

I have enclosed a check made payable to Highland Funds in the amount of \$ _____ (do not send cash)

Please purchase shares in the following Funds:

	Select Share Class				Dividends		Capital Gains	
	Class A	Class C	Class Y/Z		Cash*	Reinvest	Cash*	Reinvest
Healthcare Opportunities Fund	<input type="checkbox"/> 4746	<input type="checkbox"/> 4747	<input type="checkbox"/> 4748	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Cap Equity Fund	<input type="checkbox"/> 4771	<input type="checkbox"/> 4773	<input type="checkbox"/> 4774	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merger Arbitrage Fund	<input type="checkbox"/> 4950	<input type="checkbox"/> 4951	<input type="checkbox"/> 4952	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check here, and complete Section 6B, to have your cash dividends and/or capital gains electronically transmitted to your bank account.

5. Type of Contribution

Check All that Apply:

- Contribution** - This contribution applies to the tax year _____. Contributions will be considered CURRENT year if not designated. Prior year contributions must be made by April 15.
- Indirect Rollover** - This contribution is a ROLLOVER from either a Qualified Retirement Plan or another IRA which has been completed within 60 days of receipt of the funds.
- Transfer of Assets/Direct Rollover** - This contribution is a Transfer of Assets from another IRA or a Direct Rollover from a Qualified Retirement Plan. I have attached a completed "Transfer of Assets/Direct Rollover" form.
- Conversion** - This contribution is a direct conversion from my Traditional IRA or another eligible retirement plan at another financial institution or my existing Highland Traditional IRA. I realize I must pay ordinary income taxes on the amount of the conversion distribution from the Traditional IRA to the Roth IRA. I have attached a completed Conversion Form.
- Recharacterization** - This contribution is a recharacterization. I have attached a completed Recharacterization form.
- Annual Fiduciary Maintenance Fee** – Check this box if you have included \$15 to cover the annual fiduciary maintenance fee for this account type. (You may add this amount to your contribution and send only one check.)

Please note that all types of contributions may not be available for all plans. Consult the plan's disclosure statement and/or information on the IRS website for specific restrictions and special rules.

E. Automatic Investment Plan (Section B is required for this option) – Allows you to invest automatically each month or quarter by electronically debiting your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system, and the plan takes approximately 3 days to become effective. I designate that all contributions are for the tax year in which they are made, unless I instruct otherwise in writing.

SEP accounts: Please indicate the contribution type: Employer* Employee/Personal
 SIMPLE accounts: Please indicate the contribution type: Employer Salary Reduction*
 *Default contribution type if not specified.

- Please invest \$ _____ based on the Investment Allocation choices made in Section 4 (minimum \$25 per fund).
- Please establish my automatic investment plan as allocated below (minimum \$25 per fund):

Fund _____ \$ _____ Fund _____ \$ _____
 Fund _____ \$ _____ Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my AIP to occur on the following date(s): _____, _____, _____, _____
 If you do not select a date, the 20th of the month will be selected as the investment date

F. Systematic Exchange Plan – Allows you to exchange from one fund to another automatically each month or quarter.

- Please establish my systematic exchange plan as allocated below (minimum \$25 per fund):

From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my systematic exchange to occur on the following date(s): _____, _____, _____, _____
 If you do not select a date, the 20th of the month will be selected as the exchange date

G. Systematic Withdrawal Plan (SWP) – allows you to withdraw automatically a fixed amount from your Highland Funds account. Proceeds can be transferred electronically into your checking or savings account by also completing Section B, or you may have a check mailed. Funds are transferred via the Automated Clearing House (ACH) system, if selected and bank information is provided in Section C. The plan takes approximately 3 days to become effective.

- Please withdraw \$ _____ based on the Investment Allocation choices made in Section 4 (minimum \$25 per fund).
- Please calculate and distribute the Required Minimum Distribution amount based on the Investment Allocation choices made in Section 4
- Please establish my systematic withdrawal plan as allocated below (minimum \$25 per fund):

From: Fund _____ \$ _____
From: Fund _____ \$ _____

From: Fund _____ \$ _____

From: Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my SWP to occur on the following date(s): _____, _____, _____, _____

If you do not select a date, the 20th of the month will be selected as the withdrawal date

Delivery Method/Destination:

- Please have a check mailed to my address of record.
- Please deposit the proceeds electronically into my bank account listed in Section B.
- Please have a check mailed as specified below (signature guarantee required in Section 8):

Payee Name _____

Address _____ City _____ State _____ Zip Code _____

Federal Income Tax Withholding

Distributions from IRAs and Qualified Retirement Plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding (20% for 403(b)7 plans) unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent systematic distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- Do NOT withhold Federal Income Tax (Not available on accounts with an address of record outside of the United States or its possessions.)
- Withhold 10% Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. State tax withholding may also be applicable.

State Income Tax Withholding

Mandatory:

We will withhold state tax in accordance with the respective state’s rules if, at the time of distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld, or if the state’s requirement is independent of federal withholding. Contact your tax advisor for the withholding amount, or see your state’s website for more information.

Voluntary:

If state tax withholding is voluntary in your state and you would like to withhold state taxes please fill out the section below (unless not allowed in your state).

- Withhold state tax at the rate of _____%

I hereby authorize the Fund and its transfer agent to honor instructions processed under the above-selected account options to purchase/exchange/redeem shares when directed and as specified, by transmitting the proceeds, as applicable, to me at my address of record or by debiting/crediting my preauthorized bank account. I hereby ratify any such instructions and agree to indemnify the Fund and its transfer agent from any loss, liability, cost, damage and expense for acting upon such instructions. I understand that if I submit a change of address certain privileges will be suspended for a period of 30 days, and that all checks will be issued in the name(s) of all registered owner(s).

8. Your Signature

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

Taxpayer Identification Number Certification

As required by Federal law, I/we certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding, and
 (Check this box if you ARE subject to backup withholding)
3. I/we am/are a U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide the Fund with a completed Form W-8BEN).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Date

Signature Date

Signature Guarantee (if required):

If you are adding bank information to your account and there is no common ownership between the Highland Funds account registration and the bank registration, a registered bank account owner must have his/her signature guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

The SVP Stamp is intended to provide a signature guarantee for those transactions considered non-financial in nature. The SVP Stamp on a document assures the signature on the document is genuine, the signer was known by or satisfactorily identified by the guarantor and the signer had the authority to sign the document. In the event the bank or financial institution does not offer the SVP Stamp, a Medallion Guarantee Stamp will be accepted.

The SVP Stamp and the Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are not acceptable. All bar-coded guarantees must be legible. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation needs to be provided.

Signature Date

SVP/MSG

Signature Date

SVP/MSG