Regular mail:

NexPoint Funds PO Box 219424 Kansas City, MO 64121-9424

Telephone: 877-665-1287

Overnight mail:

NexPoint Funds 430 W 7th Street, Suite 219424 Kansas City, MO 64105-1407

Account Options Form

NETRICTIONS						
<u>INSTRUCTIONS</u> Use this form to establish any of the options listed below in your NexPoint Funds account(s).						
PART I – CURRENT ACCOUNT INF	ORMATION					
Name/Account Registration						
Name/Account Registration						
Social Security Number/Taxpayer	Identification Number					
Contact Phone Number	Extension	Email Address				
Jontact Friorie Number	Extension	Email Address				
und	Account	Number				
Fund	Account	Number				
Fund	Account	Number				
Fund	Account	Number				
unu	Account	Turnser				
Fund	Account	Number				
DART 3 CONSENT FOR FLECTRO	NAME DELIVEDY					
PART 3 – CONSENT FOR ELECTRO		the state of the s				
•	•	important documents online (Corporation to the email address provided in				
	ts are available for viewing on	the Funds' website. Confidential acco				
Document Type for Electronic De	elivery:					
	Confirmation Statements	☐ Fund Reports, Prospectus, and Pro				
□ Tax Forms						

	elow to add telephone and interne excluded for Corporate and Institu		
□ Purchase and	I Exchange Privileges □ Reden	nption Privileges	
_ rarenase and	Z EXCHAINGE FITWINEGES - INCACH	Tption i rivileges	
A signature autl	3, Bank Information. nentication is required for redemptiorm is processed.	ion privileges. The pr	ivileges normally become active 15
PART 5 – AUTO	MATIC INVESTMENT PLAN (AIP)		
	atic investments in your account(s)	through deductions	from your hank account
L3tabii3ii autoiii	acie investinents in your account(s)	till ough deductions	nom your bank account.
Frequency:	□ Monthly □ Quarterly □ Se	mi-annually [□ Annually
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
Fund	Amount (\$100 minimum)	Start Date	Day(s) of Month
□ Check here if	the account(s) listed above have a	nreviously establishe	d AIP which you would like change
- CHECK HEIC II	the account(3) listed above have a	previously established	a / III Willell you would like change

An AIP normally becomes active 15 days after this form is processed. If you are establishing an AIP and no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided. If no day or frequency is provided, investments will be made on or about the 5th business day of every month.

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VI.

VII. PART 6 - SYSTEMATIC WITHDRAWL PLAN (SWP) Establish automatic investments in your account(s) through deductions from your bank account. Frequency: □ Monthly □ Quarterly □ Semi-annually □ Annually Fund Amount (\$50 minimum) Start Date Day(s) of Month Fund Amount (\$50 minimum) Start Date Day(s) of Month Fund Amount (\$50 minimum) Start Date Day(s) of Month Fund Amount (\$50 minimum) Start Date Day(s) of Month Fund Amount (\$50 minimum) Start Date Day(s) of Month ☐ Check here if the account(s) listed above have a previously established SWP which you would like **changed.** (If you do not check this box, the previously established SWP will remain in effect). Specify payment method: ☐ Automatic deposit to my bank account. Complete Part 8, Bank Information. (If this bank information is new to this account, a signature authentication is required.) ☐ Send check to address on account. **Complete Part 8, Bank Information.** A SWP normally becomes active 15 days after this form is processed. If you are establishing a SWP and no start date is provided, the SWP will begin as soon as the option is established in accordance with the instructions provided. If no day or frequency is provided, redemptions will be made on or about the 5th business day of every month. VIII. **PART 7 – DISTRIBUTION OPTIONS** Indicate if you would like to change the distribution options on the account(s) listed in Part 2, please check the appropriate boxes. Income Dividends: □ Reinvest □ Cash Capital Gains: ☐ Reinvest □ Cash If any distributions are to be paid in cash, specify payment method:

□ Deposit to my bank account. Complete Part 8, Bank Information. (If this bank information is new to this

account, a signature authentication is required.)

Send check to address on account.

IX. PART 8 –BANK INFORMATION

bank must be a member of the Automated Clearing House (ACH) system to use any options that require the completion of this section. Please call your bank if you are unsure. If you are including a preprinted deposit slip the bank routing number is usually NOT located on your slip. Please call your bank for the routing number.
□ Check here if this bank information replaces existing bank information already on your account.
Bank Account Type: ☐ Checking Account ☐ Savings Account ☐ Brokerage Account
NOTE: For Brokerage Accounts — The bank information (bank name, bank account number, ABA) may be different for ACH versus wire. If the bank information is different, provide the information on a separate sheet and attach it to this application. Please call your brokerage firm if you are unsure.
Attach a voided check (checking account) or preprinted deposit slip (savings account) here:
The NexPoint Funds account and bank account provided must have at least one common owner.

If you have completed Parts 4, 5, 6, or 7, attach a voided check (checking account), preprinted deposit slip (savings account) or separate instructions (brokerage account). A signature authentication is required. Your

X. PART 9 – SIGNATURE AUTHENTICATION

Signature Guarantee (if required):

If you are adding bank information to your account and there is no common ownership between the 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 also 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 barcoded guarantees are not acceptable, but you may obtain stamps from a Notary Public. 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	Signature	Date