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

NEXPOINT FUNDS ROTH IRA CONVERSION FORM

Use when converting a traditional, SEP or SIMPLE (after the required two year holding period) Individual Retirement Account (IRA) to a ROTH IRA within NexPoint Funds. Do not use this form to recharacterize a prior conversion or IRA contribution.

PARTICIPANT INFORMATION			
Name:	Daytime ⁻	Daytime Telephone: ()	
Address:			
City:	State:	Zip Code:	
Social Security Number:	Date of Birth:		
TAX WITHHOLDING IRS regulations require the custodian or trustee of your IRA to withhold federa to have withholding apply. Withholding will apply to the entire amount of the may have been made to the IRA. You may not convert any portion of required	conversion distribution, including the an	nount of any nondeductible contributions that	
☐ I elect not to have federal income tax withheld from this conversion distribu	ution from my traditional IRA.		
$\hfill\square$ I elect to have 10% federal income tax withheld from this conversion distrib	oution from my traditional IRA.		
☐ I elect to have% federal income tax withheld from this (must be more than 10%)	s conversion distribution from my tradition	nal IRA.	
If you elect federal income taxes be withheld, you may still invest the entire a assets to replace previous amounts withheld as a prepayment of federal incomplete distribution amount (either by liquidating additional shares or by not replacing be considered a premature distribution (if you are under the age of 59 ½) since could also be subject to a 10% early withdrawal penalty.	ome taxes. Remember, if you use asset g amounts withheld for federal income ta:	s of your IRA to pay taxes on the conversion x), the IRA assets used to pay those taxes may	
STATE WITHHOLDING Your state of residence will determine your state income tax withholding requi to be withheld from payments if federal income taxes are withheld. Voluntary have no income tax on retirement payments. Please consult with a tax advisor	states let individuals determine whether	they want state taxes withheld. Some states	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	distributions (only for residents of states	that do not require mandatory state tax	
☐ I elect TO have the following dollar amount or percentage from my retirem allow voluntary state tax withholding). \$ or		e income taxes (for residents of states that	

INSTRUCTIONS FOR CONVERSION PROCEEDS Indicate below the existing NexPoint Funds traditional IRA you wish to convert to a NexPoint Funds Roth IRA: Traditional IRA account number: ☐ SEP IRA ☐ SIMPLE IRA (after 2 year holding period) ☐ Entire account balance across all funds Partial account conversion: \$ From: Amount: \$ 1) Fund Name: or or % 2) Fund Name: Amount: \$ 3) Fund Name: or % Amount: Invest the net conversion proceeds (less federal taxes withheld) into the Roth IRA as follows: Roth IRA account number: _ ☐ New Roth IRA- application attached Amount: \$ 1) Fund Name: % 2) Fund Name: Amount: or % or % 3) Fund Name: Amount: \$ PARTICIPANT AUTHORIZATION I authorize NexPoint Funds and the IRA custodian to make the above requested distribution from my traditional IRA and use the distribution proceeds to purchase a conversion contribution into a Roth IRA. I certify that the contribution described above is an eligible Roth IRA conversion. I agree that I am solely responsible for all tax consequences of this conversion and that neither NexPoint Funds nor the IRA custodian shall have responsibility for any tax consequences. I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the IRA custodian or NexPoint Funds and/or their agents may rely on my instructions within this form. I understand this conversion is irrevocable. Date: Participant's Signature: Overnight Mail: Mail to the following:

First Class Mail:
NexPoint Funds
PO Box 219424
Kansas City, MO 64121-9424

Overnight Mail: NexPoint Funds 430 W 7th Street Suite 219424 Kansas City, MO 64105-1407 1-877-665-1287