



The Pyramid Companies

SYSTEMATIC WITHDRAWAL REQUEST

Date: _____

To: _____

RE: Account Number _____

Mutual Fund Name _____

Class _____

Client's Name _____

To Whom It May Concern:

Please accept this as authorization to establish a systematic withdrawal on the above listed account effective _____. This money is to be forwarded to the address of record.

I would like to receive \$ _____ monthly.

_____ Do not withhold any money for income tax purposes.

_____ Withhold _____ % for income tax purposes.

If there are any questions, please contact my broker/dealer, Pyramid Funds Corporation, at (518)-459-1671. Thank you.

By x _____
Owner's Signature