

**Account Options/Change Form****First American Funds**

Please print clearly, and  
complete all applicable sections.

**Regular Mail:**

First American Funds  
c/o U.S. Bank Global Fund Services  
PO Box 219252  
Kansas City, MO 64121-9252

**Overnight Delivery:**

First American Funds  
c/o U.S. Bank Global Fund Services  
801 Pennsylvania Ave Suite 219252  
Kansas City, MO 64105-1307

**For more information call: 800.407.7304 or visit our website at [FirstAmericanFunds.com](http://FirstAmericanFunds.com)**

**Fund #** \_\_\_\_\_**Account #** \_\_\_\_\_**1. Shareholder Registration** **Check if changing address of record.**

NAME IN WHICH SHARES ARE REGISTERED (YOUR FULL NAME, OR NAME OF CORPORATION, OR TRUSTEE)

ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

EVENING PHONE

SOCIAL SECURITY OR TAX ID NUMBER

 **U.S. Citizen****2. Dividend Income and Capital Gains**

Check your choice of dividend/capital gain distribution and choose your payment method, if applicable.

Check one only; if none is checked, all dividend income and capital gains, if any, will be reinvested automatically.

- Reinvest all dividend income and capital gains.
- Pay dividends in cash and reinvest capital gains.
- Pay capital gains in cash and reinvest dividends.
- Pay all dividend income and capital gains in cash.

**Method of Payment:** If dividend income or capital gains are to be distributed in cash, select one of the following:

- Check sent to the address of record.
- Cash via Automated Clearing House (ACH). (See section 4.)

**3. Special Dividend Service**

Special dividend service allows you to invest income and capital gains from one First American Fund into another First American Fund account.

 **Check here if you want this service.**

I hereby authorize the investment of dividends and capital gains as indicated below:

- Invest both dividends and capital gains.

FROM:

TO:

FUND NAME

FUND NAME

ACCOUNT NUMBER

ACCOUNT NUMBER

US-ACT-OPS

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Please staple your voided  
check here

## 7. Systematic Investment Plan

If you choose this option, you must attach a voided check, on page 2, of the bank account you wish to use. Each fund must have a minimum initial investment of \$2,500.

**Check here if you want this service.**

I authorize the fund distributor, Quasar Distributors, LLC, to draw on my bank account on a periodic basis as indicated below, for investments in my First American Funds account. I understand that if there are insufficient funds in my account, finance charges may apply.

I have attached a voided check

Periodic investment amount \$ \_\_\_\_\_  
(\$100 MINIMUM)

Name of fund \_\_\_\_\_

To specify additional systematic investments, please attach a separate sheet.

### Preferred Investment Schedule:

Semi-monthly, on the \_\_\_\_\_ and \_\_\_\_\_ days of each month beginning \_\_\_\_\_  
(MONTH)

Monthly, on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_  
(MONTH)

## 8. Systematic Withdrawal Plan

If you choose payment by ACH, you must attach a voided check on page 2.

**Check here if you want this service.**

To establish a systematic withdrawal plan (SWP), an investor must own or purchase shares of First American Funds having a current net asset value of at least \$5,000.

Name of fund \_\_\_\_\_

To specify additional SWP investments, please attach a separate sheet.

### Amount and Frequency of Payments:

#### Class A Shares

Beginning in \_\_\_\_\_ please make payments of \_\_\_\_\_  
(MONTH, YEAR)

(Indicate percentage or dollar amount to withdraw in space provided, \$100 minimum, UGMA or UTMA)

Monthly  Quarterly  Semi-annually  Annually

Payments to be made on the \_\_\_\_\_ of the month.

Monthly  Quarterly  Semi-annually  Annually

Payments to be made on the \_\_\_\_\_ of the month.

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**Payment Instructions (check one):**

I wish to have payments under the SWP made via ACH to my bank account. (Please attach a voided check, on page 2, from the bank account you wish to use.)

I wish to have payments under the SWP made to me by check and sent to the address on my account..

I wish to have payments under the SWP made to me by check at the following address:

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ADDRESS

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CITY STATE ZIP

(If address supplied is different than currently registered address on account, signature guarantee is required.)

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## **9. Signature and Certification (required)**

I affirm that I have received and read the current prospectus(es) and agree to its terms. I agree that Quasar Distributors, LLC, the transfer agent, First American Funds, or any affiliate or their officers, directors, or employees will not be liable for any loss, expense, or cost for acting upon any instructions or inquiries believed genuine.

I understand that U.S. Bancorp Asset Management, Inc. serves as the advisor to the First American Funds. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested.

Under certain circumstances, if no activity occurs in an account within a time period specified by state law, your shares in the Fund may be transferred to that state.

By signing this form, I hereby certify under penalties of perjury that the information on this application is complete and correct. I agree that a facsimile copy of this executed form will have the same force and effect as the originally executed document.

I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

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SIGNATURE OF ACCOUNT HOLDER

DATE

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SIGNATURE (JOINT REGISTRANT, IF ANY)

DATE

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SIGNATURE AND TITLE (CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.)

DATE

### **Signature Guarantee, if noted as a requirement for the selected options above.**

Please check with a customer service representative at 800.407.7304 for applicability of signature guarantee.