



Shareholder Services Form

Make checks payable to: AARP Funds
Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035
Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021
Phone: 1-800-958-6457

Use this form to add or change account services. Note-all services that you enroll in will apply to the account(s) indicated below. Complete separate forms to enroll in different services by fund or account.

1. Account Information

(Please print using capital letters and black ink.)

Account Owner's name (first, middle, last)

Fund Name(s) or Number(s) Account Number(s)

Fund Name(s) or Number(s) Account Number(s)

Fund Name(s) or Number(s) Account Number(s)

Check box if the following information is a change or addition to your account.

Street address

City State Zip

Daytime telephone number

Evening telephone number

Email address

Social Security number or Tax Identification number

2. Electronic Transactions

Check the box to add this option and **complete section 7**. You may purchase or redeem shares anytime by calling **1-800-958-6457** or by accessing your account online at www.aarpfunds.com. Funds for share purchases are taken directly from your bank account and redemption proceeds are sent to your bank account.

3. Distribution Option (Not for IRA Accounts)

Change to (check one box):

- A. dividends and capital gains reinvested
- B. dividends and capital gains in cash to address on record
- C. dividends and capital gains by electronic transfer to the bank account on record
- D. dividends and capital gains reinvested by electronic transfer to the bank account listed in **section 7**
- E. dividends and capital gains in cash to address specified in **section 5** (Signature Guarantee required)
- F. dividends and capital gains invested in another AARP Fund with the same account registration

Fund Name

into

Fund Name

4. Systematic Withdrawal Plan (Not for IRA Accounts)

- Check the box to add this option. You may redeem a fixed dollar amount and have the proceeds sent to your address or bank account. Share redemption will occur on the 24th of the month or the next business day, unless otherwise specified below.

Check one box:

- Please send to the address on record
- Please send to the address specified in **section 5** (Signature Guarantee required)
- Please send by electronic transfer to my bank account, specified in **section 7**

AARP Aggressive Fund Amount (\$25 minimum per fund)
\$, . Monthly Quarterly
Beginning month _____ Transactions should occur on the _____ day of the month.

AARP Moderate Fund Amount (\$25 minimum per fund)
\$, . Monthly Quarterly
Beginning month _____ Transactions should occur on the _____ day of the month.

AARP Conservative Fund Amount (\$25 minimum per fund)
\$, . Monthly Quarterly
Beginning month _____ Transactions should occur on the _____ day of the month.

AARP Money Market Fund Amount (\$25 minimum per fund)
\$, . Monthly Quarterly
Beginning month _____ Transactions should occur on the _____ day of the month.

AARP Income Fund Amount (\$25 minimum per fund)
\$, . Monthly Quarterly
Beginning month _____ Transactions should occur on the _____ day of the month.

7. Bank Information

Complete this section if you have selected Electronic Transactions in **Section 2** or Automatic Investment Plan in **Section 6**. You must use the same bank account for these sections.



A VOIDED CHECK FROM YOUR CHECKING ACCOUNT MUST BE ATTACHED TO THIS FORM.
WE DO NOT ACCEPT STARTER CHECKS OR MUTUAL FUND MONEY MARKET CHECKS.

- Change existing bank information on file.
- Keep current information on file and add new bank information.

Name of bank

Address of bank

City

State

Zip

Name(s) on bank account

Bank account number

Bank ABA number (routing number)

8. Signature(s)

By signing this form I certify that:

All information and certifications on this application are true.

I have received and read a current AARP Funds' prospectus and I agree to be bound by its terms as governed by Massachusetts law. I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges.

I consent to the delivery of a single "shared" copy of each prospectus and report to shareholders to me and all other shareholders who share my address. I understand that I may revoke my consent by calling AARP Funds at 1-800-958-6457 or by writing to the address on this application.

I understand that the telephone transaction privileges and Internet transaction privileges will apply to my account.

If I have telephone/Internet transaction privileges, I agree that neither the Funds nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act, on instructions given under the telephone and Internet transaction privileges that are reasonably believed to be genuine, placing the risk of loss on me. See the discussion of these privileges in the prospectus.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I certify under penalties of perjury:

The Social Security or other Tax Identification number (TIN) in section 1 is correct.

I am a U.S. person (U.S. person includes a resident alien).

If I have not provided a TIN, I have not been issued a number, but have applied (or will apply) for one. I understand that if I do not provide the Fund(s) a TIN within 60 days, I will be subject to backup withholding from all my dividend, capital gain and redemption payments until I provide one.

I am not subject to backup withholding because:

- (a) I am exempt from backup withholding; or
- (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
- (c) The IRS has notified me that I am no longer subject to backup withholding. Cross out this item if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Sign below exactly as your name(s) appear in section 1. If a joint account, all owners must sign.

X

Signature

Date

X

Signature

Date

9. Signature Guarantee

A **STAMP 2000 medallion signature guarantee** is required if you have updated your banking information in **section 7** and the names on the voided check are **NOT IDENTICAL** to the names on the Fund account registration, or if you have selected to have proceeds sent to an address other than the address on record.

You can obtain a medallion signature guarantee from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. A notary public cannot give a medallion signature guarantee.

Name of Institution Providing Medallion Signature Guarantee

X

Officer's Signature

Title

Date

Place Medallion Signature Guarantee Stamp Here:*

**The signature(s) must be guaranteed by an eligible bank, broker dealer, credit union, national securities exchange, registered securities association, clearing agency, or savings association. Signature guarantees shall be accepted in accordance with policies established by State Street Bank & Trust. Notarization by a Notary Public is not acceptable in lieu of a signature guarantee provided by one of the eligible guarantor institutions listed above.*

IMPORTANT NOTICE—THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.



RETAIN A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

©2007 AARP Funds



ARP-FO-01-1007