



Dividend Payment Form for Non-Retirement Accounts

Please complete this form if you would like to change your dividend and/or distribution option.

1 INVESTOR INFORMATION

Account Name/Registration

Street Address

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Apartment #

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Date of Birth

	/		/	
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City

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State

--

Zip Code

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Daytime Phone

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Social Security Number/TIN

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2 ACCOUNT INFORMATION

Fund Name

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Fund Number*

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Account Number*

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*Can be found on your account statement

3 DISTRIBUTION INSTRUCTIONS

Dividend Income (Please choose one):

- ☐ Reinvest ☐ Check to the Address of Record ☐ Direct Deposit (Complete Section 5, attach a voided check) ☐ Reinvest to Another Account (Complete fund and account information below)

Fund Name

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Fund Number

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Account Number (Must match existing account registration and share class)

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Capital Gains (Please choose one):

- ☐ Reinvest ☐ Check to the Address of Record ☐ Direct Deposit (Complete Section 5) ☐ Reinvest to Another Account (Complete fund and account information below)

Fund Name

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Fund Number

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Account Number (Must match existing account registration and share class)

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4 SIGNATURE

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated. I(we) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about distributions.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

5 SIGNATURE VALIDATION STAMP or NOTARY PUBLIC STAMP Required if you selected Direct Deposit within Section 3. Please attach a voided check.

A signature validation program (SVP) stamp assures that the signature is genuine and not a forgery. A notary public is a public officer whose function is to notarize documents by administering oaths and attestations and witnessing the signature of the person(s) personally appearing before him or her.

Name of eligible guarantor institution:

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Signature of authorized person:

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AFFIX SVP STAMP OR NOTARY PUBLIC STAMP HERE



Asset
Management

Dividend Payment Form for Non-Retirement Accounts

6 RETURN INSTRUCTIONS

Please mail to: GOLDMAN SACHS FUNDS, P.O. Box 219711 Kansas City, MO 64121-9711

Overnight mail: GOLDMAN SACHS FUNDS, 330 West Ninth Street, 4th Fl. Kansas City, MO 64105

For assistance completing this form, contact Client Services at 1-800-526-7384, Monday thru Friday 8:00AM to 6:30PM Eastern Time.