

TRANSACTION REQUEST FORM



Valid only for non-IRA accounts

SECTION 1: Account Information

Account Number _____

Owner's Name (Last, First, Middle Initial) _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Joint Owner (if applicable) _____

Address of Residence _____ City, State, Zip Code _____

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Day Phone _____ Evening Phone _____ E-mail Address _____

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your fund purchase?

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

SECTION 3: Redemption Request

Redemptions will be made at the next determined price after your instructions are received in good order. Requests for redemptions on a specific date or at a specific price will not be honored.

How would you like your redemption proceeds sent to you?

Check (will be mailed to the address on record) Wire ACH

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to have proceeds sent to an address or bank other than that on file, please complete Section 5.

This form may not be used to elect a cost basis method or make changes to the cost basis method on your account. The cost basis of covered shares is determined using Average Cost, unless you have elected a different accounting method. To elect a different method, please complete a Cost Basis Election form or submit a letter of instruction. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

SECTION 6: Signatures (continued)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
 - Savings Associations
 - Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*) Bank or Dealer Firm

Officer's Title Officer's Signature Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Regular Mail:
RiverNorth
PO Box 219427
Kansas City, MO 64121-9427

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-888-848-7569.

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representative Number
Street Address (Street, City, State, Zip Code)	
Representative Phone Number	