

Account Beneficiary Designation Form

CALIFORNIA INVESTMENT TRUST

INVESTOR INFORMATION

Full Name _____ Social Security Number _____
Street Address (no P.O. Box) _____
City _____ State _____ Zip Code _____

FUND GROUP

44 MONTGOMERY STREET SUITE 2100
SAN FRANCISCO, CA 94104-4708

(800) 225-8778
(415) 421-2019 FAX

www.caltrust.com

BENEFICIARY(IES) (Attach a sheet to designate additional beneficiaries)

Name _____ (_____ %) Primary Secondary
Street Address _____
City _____ State _____ Zip Code _____
Social Security Number _____ Birthdate _____
(_____)
Daytime Phone _____ Email _____

Name _____ (_____ %) Primary Secondary
Street Address _____
City _____ State _____ Zip Code _____
Social Security Number _____ Birthdate _____
(_____)
Daytime Phone _____ Email _____

PLEASE UPDATE BENEFICIARY INFORMATION FOR:

- ALL ACCOUNTS FOR THIS TAX ID/SOCIAL SECURITY NUMBER
 ONLY THE FOLLOWING ACCOUNTS (Check all that apply)

- | | |
|---|-------------|
| <input type="checkbox"/> CA TAX-FREE INCOME FUND | 201 - _____ |
| <input type="checkbox"/> CA INSURED TAX-FREE INCOME FUND | 200 - _____ |
| <input type="checkbox"/> CA TAX-FREE MONEY MARKET FUND | 198 - _____ |
| <input type="checkbox"/> US GOVERNMENT SECURITIES FUND | 202 - _____ |
| <input type="checkbox"/> U.S. TREASURY TRUST | 199 - _____ |
| <input type="checkbox"/> S&P 500 INDEX FUND | 203 - _____ |
| <input type="checkbox"/> S&P MIDCAP INDEX FUND | 204 - _____ |
| <input type="checkbox"/> EQUITY INCOME FUND | 205 - _____ |
| <input type="checkbox"/> S&P SMALLCAP FUND | 206 - _____ |
| <input type="checkbox"/> EUROPEAN GROWTH & INCOME FUND | 207 - _____ |
| <input type="checkbox"/> NASDAQ-100 INDEX FUND | 208 - _____ |
| <input type="checkbox"/> SHORT-TERM U.S. GOVERNMENT BOND FUND | 209 - _____ |

SIGNATURES

This is your authorization and instruction to maintain these people as beneficiaries until otherwise instructed. If you have any questions, please call California Investment Trust at (800) 225-8778. Please note that this form is NOT valid without a medallion signature guarantee from a bank or brokerage firm.

Signature of Owner _____ Date _____
Signature of Joint Owner _____ Date _____
Bank Signature Guarantee _____ Date _____
Title and Name of Institution _____



Affix Stamp Here