

Automatic Investment Plan

CALIFORNIA INVESTMENT TRUST

INVESTOR INFORMATION (Must match records on file with your bank)

_____ - _____
 Full Name Social Security Number

 Street Address (no P.O. Box)

_____ State _____ Zip Code
 City

() / /
 Daytime Phone Birthdate Email

FUND GROUP

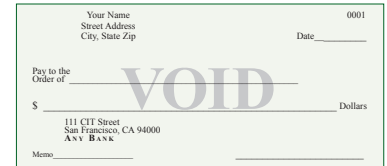
44 Montgomery Street Suite 2100
 San Francisco, CA 94104-4708

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

www.caltrust.com

INVESTMENT ELECTIONS

Please attach a voided check with this form. Your Automatic Investment Plan (AIP) cycle will begin when your banking institution accepts your authorization. AIP participation requires a minimum monthly investment of \$100 per fund. There is a \$25 fee if a scheduled payment cannot be processed because of insufficient funds, stop payment, or any other reason. If you need any additional information or assistance please call the Funds at (800) 225-8778.



SELECT THE FUND(S) YOU WOULD LIKE TO INVEST IN:

FUND NAME	ACCOUNT NUMBER	AMOUNT
<input type="checkbox"/> California Tax-Free Income Fund	201 - _____	\$ _____
<input type="checkbox"/> California Insured Intermediate Fund	200 - _____	\$ _____
<input type="checkbox"/> California Tax-Free Money Market Fund	198 - _____	\$ _____
<input type="checkbox"/> US Government Securities Fund	202 - _____	\$ _____
<input type="checkbox"/> United States Treasury Trust	199 - _____	\$ _____
<input type="checkbox"/> S&P 500 Index Fund	203 - _____	\$ _____
<input type="checkbox"/> S&P 500 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 US Government Bond Fund	209 - _____	\$ _____

DEBIT SCHEDULE

Please debit my checking account on the 5th 15th 25th of each month.

SIGNATURE

I have received, read, and agreed to the Funds' prospectus. I understand that my bank checking account will be debited on the day of the month selected above. I agree that if such debit is not honored, the Transfer Agent may discontinue this service and any share purchase made, based on such debit, may be canceled. I further agree that the net asset value of the shares purchased with such debit may be less at cancellation than at the time of purchase. The Transfer Agent shall be authorized to liquidate other shares or fractions thereof to make up the deficiency. The Automatic Investment Plan may be discontinued upon thirty days written notice by the Transfer Agent, or at any time by the Investor. Such notice must be received in writing not later than the business day prior to the day of the month selected above. Please note that this form is NOT valid without a medallion signature guarantee from a bank or brokerage firm.

 Signature Date

 Signature of Joint Owner (if any) Date



Affix Stamp Here