

# Account Registration Change Form

## CALIFORNIA INVESTMENT TRUST

### ACCOUNT HOLDER

_____	_____	_____
Full Name	Social Security Number	
_____		
Street Address		
_____	_____	_____
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

### PLEASE UPDATE THE REGISTRATION 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"/> U.S. 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 - _____ |

### UPDATED ACCOUNT HOLDER INFORMATION

_____	_____	_____
Full Name	Social Security Number	
_____		
Street Address		
_____	_____	_____
City	State	Zip Code
( )		
_____	_____	_____
Daytime Phone	Email	

### ACCOUNT TYPE

- Individual  
 Joint  
 Minor  
 Corporation  
 Trust  
 Partnership

### REQUIRED SIGNATURES

This is your authorization and instruction to transfer the above referenced account(s) to the new account registration as indicated above. If you have any questions, please call the Funds at (800) 225-8778. Thank you for your prompt attention to this matter. 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