



Northeast Investors Trust

125 High Street, Suite 1802, Boston, MA 02110

Phone 800-225-6704 Fax 617-742-5666

REQUEST FOR AUTOMATIC INVESTMENT PLAN ('AIP')

CURRENT REGISTRATION: All fields are required

Name(s)

Account Number

Address

Social Security Number or Tax ID

City, State & Zip Code

Phone Number

Email Address

Date of Birth

INVESTMENT AMOUNT:

\$ _____ (minimum \$50)

INVESTMENT SCHEDULE:

Monthly Quarterly Semi-Annual Annual

Start Date (mm/yyyy) _____

Investment Date (day of the month you would like your investments made) _____

BANK INFORMATION:

Checking Account Savings Account Bank Name _____

ABA Routing Number _____ Bank Account Number _____

Please include an unsigned voided check. Deposit slips will not be accepted. Your bank must be a member of the Automated Clearing House (ACH). Money market accounts or cash management accounts are not eligible for ACH transactions.

AUTHORIZATION:

By signing this form, I (we) authorize the Trust to act upon my (our) instructions believed to be genuine and in accordance with procedures described in the prospectus. I (we) agree that the Trust will not be liable for any loss, cost or expense for acting on these instructions provided the Trust reasonably believes that the instructions are genuine. I (we) authorize debits from my (our) bank account and purchases of Trust shares based on my (our) instructions. If a bank debit cannot be made to process a transaction, the Trust will cancel this plan.

Signature of Owner

Signature of Joint Owner