



Northeast Investors Trust

125 High Street, Suite 1802, Boston, MA 02110

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

REQUEST FOR SYSTEMATIC WITHDRAWAL PLAN ('SWP')

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

WITHDRAWAL AMOUNT:

DELIVERY METHOD:

\$ _____ (minimum \$50)

Check (to address of record)

ACH (complete Bank Information section below)

WITHDRAWAL SCHEDULE:

Monthly

Quarterly

Semi-Annual

Annual

Start Date (mm/yyyy) _____

Withdrawal Date (day of the month you would like your withdrawals 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) Trust account and credits to my (our) bank account based on my (our) instructions. If a bank credit cannot be made to process a transaction, the Trust will issue a check in its place and amend the delivery method accordingly.

Signature of Owner

Signature of Joint Owner