



**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 \_\_\_\_\_

Bank 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Date