



**NORTHEAST
INVESTORS TRUST**

125 High Street, Suite 1802, Boston, MA 02110 * Phone 800-225-6704 * Fax 617-742-5666

DIVIDEND DISBURSEMENT REQUEST FORM

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

DELIVERY METHOD: Please select how you would like your dividends distributed to you.

Check (to address of record)

Electronic Funds Transfer (EFT)
(complete Bank Information section below)

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. If ACH is selected, I (we) authorize the Trust to credit my (our) bank account with dividend proceeds 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

Date

Signature of Joint Owner

Date