



**NORTHEAST
INVESTORS TRUST**

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

RE-REGISTRATION FORM

CURRENT REGISTRATION:

Name(s)

Account Number

Address

Social Security Number or Tax ID

City, State & Zip Code

Phone Number

TYPE OF NEW ACCOUNT: Please check one of the following:

Individual Joint Estate Trust UGMA/UTMA Corp/Business/Other _____

NEW ACCOUNT REGISTRATION: Please complete as applicable

Individual Owner/Trustee/Executor/Minor

Date of Birth

Social Security Number

Additional Owner/Trustee/Custodian

Date of Birth

Social Security Number

Name of Trust

Date of Trust

Tax Identification No. / SSN

Estate Name

Date of Owners Death

Estate Tax Identification Number

Corporation/Business or Other Entity Name

No. of Owners

Tax Identification Number

NEW ACCOUNT ADDRESS: (if different from above)

Street (No P.O. Boxes)

Phone Number

City, State & Zip Code

Email Address

TYPE OF TRANSACTION: Please check one of the following:

- Transfer ALL shares
- Transfer _____ Shares
- Transfer and Redeem ALL shares*
- Transfer and Redeem _____ shares*

* A redemption check will be mailed to the new account registration.

DIVIDEND/CAPITAL GAIN DISTRIBUTION ELECTION: Please check one of the following:

- Electronically Transfer Dividends & Capital Gains to Bank Account*
- Electronically Transfer Dividends to Bank Account & Reinvest Capital Gains*
- Reinvest Dividends & Capital Gains
- Send Dividend & Capital Gains Distributions via check
- Send Dividends via check & Reinvest Capital Gains

*For all electronic transfer of funds, please attach a **Voided Check** (a deposit slip is **NOT** acceptable)

PLEASE NOTE: additional documentation such as trust documents, death certificates, letters testamentary, powers of attorney, birth certificates etc. may be required to complete the reregistration. Please contact customer service at 800-225-6704 should you have questions as to what is required for your specific situation.

SIGNATURE(S):

I (We) agree that Northeast Investors Trust will not be liable for any loss, cost or expense for acting upon any instruction believed by it to be genuine and in accordance with the procedures described in the prospectus. Under penalties of perjury, I (we) certify (1) that the social security number or tax identification number shown is correct, (2) I (we) am (are) a U.S. person (including a U.S. resident alien) and (3) that I (we) am (are) not subject to backup withholding because I (we) have not been notified that I (we) am (are) subject to backup withholding or the Internal Revenue Service has notified me (us) that I (we) am (are) no longer subject to backup withholding. (Note: If part 3 of this sentence is not true in your case, please strike out that part before signing.)

Signature*	Date	Joint Owner Signature *	Date
------------	------	-------------------------	------

***Signatures MUST be medallion guaranteed by a bank or trust company, credit union, or other financial institution. Notarization by a Notary Public is NOT acceptable. No signature guarantee is required if the social security number is the same on both the current and new account.**

Please place medallion signature guarantee stamp(s) here