



Automatic Investment Form

Please complete this form if you would like money invested in one or more of your Goldman Sachs Funds.

1 INVESTOR INFORMATION

Account Name/Registration

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Street Address

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Apartment #

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Date of Birth

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|--|---|--|---|--|

City

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State

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Zip Code

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Daytime Phone

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Social Security Number/TIN

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2 INVESTMENT INSTRUCTIONS (\$250 minimum initial investment per Fund)

A) Frequency of Investment: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

B) Start date: _____

C) Investment date: Invest on the _____ day of the month. (Select any day between and including the 3rd and the 26th.)
Please note: if no date is selected, the purchase(s) will be processed on the 15th of each month or the first business day thereafter.

D) Invest in: Attach additional sheets as necessary.

| Fund Name | FUND # | Account Number* *Can be found on your account statement | Amount (\$50.00 subsequent minimum per Fund) |
|-----------|--------|--|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3 BANK INSTRUCTIONS

These instructions are to be used to (please choose one):

☐ Add

☐ Remove

☐ Update

These instructions are to be added as (please choose one):

☐ Standard Instructions

☐ Alternate Instructions

☐ Dividends

Type of account:

☐ Checking

☐ Savings

Please attach a voided check or a preprinted deposit slip from the bank account of choice.

Bank Name¹: _____ Bank Account Name¹: _____

Bank Routing No. (9 digit ABA #): _____ Bank Account Number: _____

Bank Phone Number: _____ For Further Credit/Reference Information: _____

¹ Third party instructions and instructions to non-U.S. Banks are not allowed. The bank account name must match the account registration. Please contact a Service Representative with any questions.



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4 SIGNATURE (This form should be signed in the presence of a guarantor, please see Section 5.)

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) should be indicated.

I(we) authorize Goldman Sachs Funds to initiate Automated Clearing House (ACH) debits or to draw debit checks against a designated financial account for the amount listed on the dates noted. I(we) understand that the financial institution indicated must be a member of the ACH Association. This authorization shall continue until terminated by me(us) in writing to Goldman Sachs Funds. Until Goldman Sachs Funds has received, in good order, and had a reasonable time to act on such notice, the bank instructions on file will remain in effect. I(we) understand that this service is governed by the Fund's prospectus and the rules of the ACH Association, as amended from time to time. All terms are binding upon my(our) heirs, representatives, and assigns. The Fund's prospectus contains additional details regarding bank instruction requirements.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

5 SIGNATURE VALIDATION STAMP or MEDALLION SIGNATURE GUARANTEE

A signature validation program (SVP) stamp and medallion signature guarantee (MSG) assure that the signature is genuine and not a forgery.

Name of eligible guarantee institution: _____

Signature of authorized person: _____

AFFIX SVP STAMP OR MSG STAMP HERE

6 RETURN INSTRUCTIONS

Please mail to: GOLDMAN SACHS FUNDS, P.O. Box 219711 Kansas City, MO 64121-9711

Overnight mail: GOLDMAN SACHS FUNDS, 330 West Ninth Street, 4th Fl. Kansas City, MO 64105

For assistance completing this form, contact Client Services at 1-800-526-7384, Monday thru Friday 8:00AM to 6:30PM Eastern Time.