



Account Transfer Form For Non-retirement Accounts

5 COST BASIS INFORMATION AND OPTIONS *(Not applicable for accounts using Average Cost as the election method.)*

The cost basis method on your account will be used to deplete the shares for this transfer unless you provide an alternate election method. If the share amount does not cover the depletion of the transfer, your secondary method or elected method may be utilized to complete this transfer. This is only necessary for partial transfers.

- First-In-First-Out
- Last-In-First-Out
- High Cost
- Low Cost
- Loss/Gain Utilization
- Specific Lot Depletion

Date of Purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>	Number of Shares	_____
Date of Purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>	Number of Shares	_____
Date of Purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>	Number of Shares	_____

If transferred shares were purchased prior to January 1, 2012 (non-covered shares), we *may* be able to provide average cost for these shares upon depletion. Average Cost for non-covered shares will be provided to you on your 1099-B and you can choose to use the information for your taxes. The information will *not* be provided to the IRS.

6 SIGNATURE

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) must be indicated. I(we) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about redeeming shares.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

7 MEDALLION GUARANTEE

A Medallion Guarantee assures that the signature is genuine and not a forgery. Eligible guarantors include banks, brokerage firms or other financial intermediaries that are members of an approved Medallion Guarantee Program. **Note: A Guarantee from a Notary Public is not acceptable.**

Name of eligible guarantor institution:

Signature of authorized person: _____

AFFIX MEDALLION GUARANTEE HERE

8 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.