

RECORD OF CLIENT CONTACT
ALTIMUM MUTUALS INC.

CLIENT MAILING ADDRESS: Dear Client,

. As part of our commitment to serving you better, we
_____ are pleased to provide you with this summary of the
. recent contact that you had with one of our Financial
_____ Advisors. If the information recorded is incorrect or
. different than your recollection, or if you have any
_____ questions, please call us immediately.

ALTIMUM MUTUALS INC.

FINANCIAL ADVISOR NAME _____ DATE OF CONTACT _____

CLIENT LOCATION _____ TIME _____

METHOD OF CONTACT:

_____ TELEPHONE _____ LETTER _____ E-MAIL _____ APPOINTMENT _____ CASUAL MEETING

CONTACT WAS INITIATED BY: _____ FINANCIAL ADVISOR _____ CLIENT

NAME OF SECURITY DISCUSSED: _____

ACCOUNT NUMBER AT FUND GROUP (IF PRESENTLY OWNED) _____

PURPOSE OF CALL, COMMENTS, RECOMMENDATIONS: _____

PROPOSED BENEFIT TO REPRESENTATIVE: _____

RISKS TO CLIENT: _____

ADVISOR RECOMMENDATION..... (Circle) HOLD BUY SELL SWITCH AMOUNT _____

CLIENT INSTRUCTIONS..... (Circle) HOLD BUY SELL SWITCH AMOUNT _____

HAS THE CLIENT RECEIVED A COPY OF THE CURRENT FUNDFACTS FORM IF PURCHASING
UNITS?

_____ YES _____ NO

HAS THE CLIENT AUTHORIZED THE ADVISOR TO RELY ON THE LIMITED TRADING
AUTHORIZATION ON FILE INSTEAD OF A CURRENT SIGNATURE FOR THIS TRADE? IF SO,
ATTACH A PHOTOCOPY OF THE FORM.

_____ YES _____ NO

ENCLOSED: _____ A PROSPECTUS _____ AN OFFERING MEMORANDUM _____ A RESEARCH REPORT

FINANCIAL ADVISOR SIGNATURE DATE COMPLIANCE OFFICER SIGNATURE DATE