

RECORD OF CLIENT CONTACT
ALTIMUM MUTUALS INC.

CLIENT MAILING ADDRESS: Dear Client,
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_____ 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