

- Complete Section 1, either Section 2 or Section 3, and Section 4. Your signature(s) must be medallion guaranteed.
- If you are establishing a new account, please complete a New Account Application.
- Please return this form to:

POSTAL MAIL
 CREDIT SUISSE FAMILY OF FUNDS
 P.O. Box 55030
 Boston, MA 02205-5030

OVERNIGHT/COURIER SERVICE TO:
 CREDIT SUISSE FAMILY OF FUNDS
 c/o Boston Financial Data Services, Inc.
 30 Dan Road
 Canton, MA 02021-2809

- This form cannot be used for any IRA or Qualified Retirement Plan (Keogh, Profit Sharing or Pension Plan).
- If you have any questions about completing this form, please call Credit Suisse Client Service Representative at 877.870.2874, Monday–Friday, from 8AM to 6PM Eastern Time.

PLEASE TYPE OR PRINT CLEARLY IN INK

1. CURRENT ACCOUNT REGISTRATION

Account Number _____
 _____ Fund(s),

or
 All Funds

Owner's Name: First _____ Middle _____ Last _____

Social Security Number or Tax Identification Number _____

Joint Owner/Custodian/Trustee _____

Joint Owner's Social Security Number _____ Birth Date _____

Street or P.O. Box _____ Apt. Number _____

City _____ State _____ Zip Code _____

(____) _____ (____) _____
 Daytime Telephone Number Evening Telephone Number

E-mail _____

If you transfer all shares from your existing account, it will be closed. Account options will not be transferred to your new account registration. Please verify your Social Security or Tax Identification Number and all account options for your new account registration on the enclosed New Account Application.

2. TRANSFERRING SHARES TO A NEW ACCOUNT REGISTRATION

Please transfer _____ shares or \$ _____ from the account indicated in Section 1 to a new account registration in the same Fund(s).

An application for a new account must be completed.

3. TRANSFERRING SHARES TO AN EXISTING ACCOUNT REGISTRATION

Please transfer _____ shares or \$ _____ from the account indicated in Section 1 to _____

Account Number _____
 _____ Fund(s)

Owner's Name: First _____ Middle _____ Last _____

Social Security Number or Tax Identification Number _____

Joint Owner/Custodian/Trustee _____

4. PLEASE DETAIL YOUR REQUEST IN THE SPACE BELOW:

5. INHERITANCE/GIFT TRANSFERS

Please complete Section 5 if you are transferring due to death or gifting shares. If not, please proceed to Section 6.

Inheritance (death)

Date of Death ___/___/___ **(Required)**
 Alternate Date ___/___/___ or Alternate Value \$ _____
(Optional)¹

¹ There is a rule under the estate tax that allows the executor (the person in charge of the estate) to elect a different valuation date in certain cases. If the estate qualifies for this election, and the executor makes the election, the valuation date is six months after the date of death. Please consult a tax advisor regarding your options.

Gift

Date of Gift ___/___/___
 Fair Market Value Acceptance _____
Signature of New Owner²

² If the accepting account will use Average Cost, the new owner must sign above indicating acceptance of the shares valued at fair market value on the date of gift or settlement if the shares are transferred at a loss.

6. SIGNATURES

X _____
 Signature Date

 Capacity (i.e., Executor, Successor Trustee, Owner, Custodian, etc.)

X _____
 Signature Date

 Capacity (i.e., Executor, Successor Trustee, Owner, Custodian, etc.)

STAMP 2000/MEDALLION SIGNATURE GUARANTEE:
 (if necessary) You can obtain a Stamp 2000/Medallion Guarantee from most banks, stockbrokers and dealers, credit unions, and other financial institutions, but not from a notary public.

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