



Eaton Vance Mutual Funds

Return to: PFPC, Inc., Eaton Vance Group, P.O. Box 9653, Providence, RI 02940-9653
Overnight Mail: 101 Sabin Street, Pawtucket, RI 02860

Bank Automated Investing Application

This application is for use only with existing accounts in A Shares, B Shares and C Shares in the Eaton Vance Family of Funds.

To begin bank automated investing through your checking account for regular share accumulation in one of the Eaton Vance Group of Funds, please fill out this application and mail the completed form along with your personal check marked "void" to the above address. Cash investments of \$50.00 or more may be made automatically each month or quarter from a shareholder's bank account. We suggest that you verify with your bank of future automatic debits to ensure account type allows ACH (Automated Clearing House) debits.

1 COMPLETE YOUR ACCOUNT INFORMATION

Account Holder Name(s) _____

Eaton Vance Fund Name & Number _____

Eaton Vance Fund Account Number _____

Provisions

Boston Safe Deposit & Trust Co. shall collect the amount specified from the investor's personal checking account, as authorized below, by drawing funds on such account to its own order.

The privilege of making deposits under this service may be revoked by Boston Safe Deposit & Trust Co. or Eaton Vance Distributors without prior notice if any charge is not paid upon presentation. Boston Safe Deposit & Trust Co. shall be under no obligation to notify the investor as to the non-payment of any charge.

This service may be discontinued by the investor by written notice to your Bank which is received at least five business days prior to the collection date or at any time by Boston Safe Deposit & Trust Co. or Eaton Vance Distributors upon thirty days written notice prior to any collection date.

2 AMOUNT AND FREQUENCY OF BANK AUTOMATED INVESTMENTS

Date of transfer (any date) _____

Frequency: Monthly Quarterly, beginning month: _____

Amount of each automated investment \$ _____
(\$50.00 or more)

3 SHAREHOLDER AUTHORIZATION TO HONOR BANK AUTOMATED INVESTMENTS DRAWN BY BOSTON SAFE DEPOSIT & TRUST CO.

The name of your Bank _____

ABA Routing # _____

Street _____

City _____

State, Zip _____

Checking account number _____

4 SIGNATURE

The signature(s) on this form must correspond exactly with the account registration.

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account by and payable to the order of the Boston Safe Deposit & Trust Co. I agree that your rights with respect to each such charge shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such charges.

I further agree that if any such charge be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____
(if applicable)

TO: The Bank named in section 3

Your depositor executing the authorization above is participating in an investment program for the accumulation of shares of a mutual fund sponsored by Eaton Vance Distributors and has authorized Boston Safe Deposit & Trust Co. to collect the amounts due under the program from their personal checking account by drawing funds on such account to its own order. In consideration of your compliance with such depositor's request that you pay and charge to their account amounts drawn on such account by, and payable to the order of Boston Safe Deposit & Trust Co., Eaton Vance Distributors hereby agrees:

- To indemnify and hold you harmless from any loss you may suffer resulting from or in connection with the execution and issuance of any proceeds, whether or not genuine, purporting to be drawn by or on behalf of, and payable to Boston Safe Deposit & Trust Co. on the account of your depositor(s) executing the authorization on the face hereof and received by you in the regular course of business through normal banking channels for the purpose of payment, including any cost or expenses reasonably drawn against insufficient funds.
- In the event that any charge shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you and hold you harmless from any loss result in from such dishonor, including your costs and reasonable expense.

***Be sure to enclose check marked Void**

If you have any questions about this form, please call
1-800-225-6265, extension 3 between
8:30 a.m. and 8:00 p.m. Eastern Time.