



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

Systematic Withdrawal Plan 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.

The Systematic Withdrawal Plan allows you to receive regular payments from your account. A minimum value of \$5,000 (for most funds) on account with the Fund's transfer agent (PFPC, Inc.) is required. Annual withdrawals from a "C" share or "B" share Fund may not exceed 12% of initial account value without incurring any CDSC. Any contingent deferred sales charges will be waived provided that withdrawals are made monthly or quarterly and do not exceed 12% annually of the initial account value. This service is not available for Eaton Vance Prime Rate Reserves, EV Classic Senior Floating-Rate Fund, or the EV Short-Term Treasury Fund. Please note that combined withdrawals in excess of current income will deplete principal.

To begin this option on your EV Fund account, please fill out this application and mail the completed form to the above address.

1 COMPLETE YOUR ACCOUNT INFORMATION

Account Holder Name(s) _____

EV Fund Name & Number _____

Eaton Vance Account Number _____

3 SELECT YOUR REMITTANCE OPTIONS

How would you like to receive your proceeds?

- By Check to my address of record
 By Check to third party—requires signature guarantee*

Name _____

Street _____

City _____

State, Zip _____

- By electronic transfer to my bank account

(If you select this option, you must attach a voided check for your bank account. Automated Clearing House banks only. Not available for passbook savings accounts.)

Bank Name _____

Routing / ABA # _____

City _____

State, Zip _____

Bank Account Number _____

- Checking Account Savings/Money Market Account

2 SELECT YOUR WITHDRAWAL AMOUNT

I/we wish to receive payments in the amount of:

\$ _____

Please indicate on which day of the month you would like withdrawals to be made.

Withdrawals should be made on this date: _____

Frequency (choose one):

- Monthly
 Quarterly (Jan-Apr-Jul-Oct)
 Quarterly (Feb-May-Aug-Nov)
 Quarterly (Mar-Jun-Sep-Dec)

4 SIGNATURE

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

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____
(if applicable)

The signature(s) must be guaranteed by a member firm of a registered national securities exchange or of the National Association of Securities Dealers, Inc; a commercial bank or trust company having an official branch or agency in the United States; or other eligible Guarantor Institution as defined in the rule 17AD-15(a)(2) under the Securities and Exchange Act of 1934.

Signature(s) Guaranteed By: _____

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.

Visit our website at www.eatonvance.com