Returncompletedform to:
BostonTrustWaldenFunds
P.O.Box182198
ColumbusQH43218£198
Forassistanceçall1 £88£48£1954



o Yes, I authorize the Funds and its agents, to liquidate the following amount (minimum \$500) on the day indicated (any day, 1st through 28th) from the following fund(s). Please circle frequency per fur(M) Monthly (Q) Quarterly or (A) Annually.			
			MQA
FUND NAME	\$ AMOUNT	DAY	
			MQA
FUND NAME	\$ AMOUNT	DAY	
			MQA

\$ TOTANT

DAY

DAY

\$ AMOUNT

A minimum fund balance of \$50,000 is requiredo establish a systematic withdrawal plan.

5. Systematic Withdrawal Plan

FUND NAME