

Seligman Change of Ownership Application

Please send this completed application to: **Seligman Data Corp. • PO Box 9766 • Providence, RI 02940-9766 • 800-221-2450**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR CHANGING OWNERSHIP ON YOUR ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who changes ownership of an account. **What this means to you:** When you change the ownership of an account, we will ask for the name of the new owner(s), street address, date of birth, and other information that will allow us to identify the new owner(s). We may also ask for a copy of any driver's license or other identifying documents. Failure to provide any required information may result in a delay in processing this application or subsequent transactions, or result in the closing of your account.

NOTE: If you buy shares by check which are subsequently sold by Seligman because we were unable to verify your information, Seligman will not send the proceeds until your check clears, which can take up to 15 calendar days from the date of the purchase.

NOTE: This application does not apply to any type of Seligman Retirement Account. If you have questions regarding a Seligman Retirement Account please contact Retirement Plan Services at 1-800-445-1777. Please complete sections 1 through 6. Section 7 should be completed where applicable.

1. CURRENT ACCOUNT REGISTRATION

CURRENT CUSTOMER INFORMATION:

Name of Owner (or Trust) _____ Social Security or Taxpayer Identification Number _____

Co-Owner (or Trustee) _____ Social Security or Taxpayer Identification Number _____

Current Account Number _____ Daytime Phone _____

2. CURRENT ACCOUNT OWNERS' AUTHORIZATION AND SIGNATURES

This section is to be completed and signed by **all authorized registered owners of the account**.

If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated and supporting documentation must be included with this form. Please contact a Shareholder Services representative at 800-221-2450 for instructions regarding supporting documentation.

I/We authorize Seligman Data Corp. to transfer from the account referenced in Section 1 of this form to the new account registration referenced in Section 3 of this form:

ALL

or

_____ SHARES

X

SIGNATURE OF CURRENT OWNER, TRUSTEE or Date
PERSONAL REPRESENTATIVE

X

SIGNATURE OF CO-OWNER, TRUSTEE or Date
PERSONAL REPRESENTATIVE

PLACE STAMP HERE

PLACE STAMP HERE

MEDALLION SIGNATURE GUARANTEE STAMP
(Required on each Signature)

MEDALLION SIGNATURE GUARANTEE STAMP
(Required on each Signature)

3. NEW ACCOUNT INFORMATION

ACCOUNT TYPE:

This is an application for the following type of account:

- Individual Account Joint Account Trust Community Property
 Tenants In Common Estate Account Custodial Account (UGMA/UTMA) _____
 OTHER (e.g., Business, Church) Please Describe: _____

NEW OWNER INFORMATION:

Legal Name of Owner (Trustee, Custodian) _____ Legal Name of Co-Owner (Trustee, Minor) _____

Social Security or Taxpayer Identification Number (required) _____ Social Security or Taxpayer Identification Number (required) _____

Date of Birth (required) _____ Date of Birth (required) _____

Passport Number (required for foreign applicants) _____ Passport Number (required for foreign applicants) _____

4. PRIMARY ADDRESS (PO Boxes will be accepted; however, you must also provide a valid residential or business street address.)

Mailing Address (required)

Street Address (if different from above) (required)

City State Zip Code If-non U.S. Specify Country

Daytime Telephone Number Evening Telephone Number

I am a: US Citizen Resident Alien Non-Resident Alien (Indicate Country For Tax Reporting _____)

5. SIGNATURE AND CERTIFICATION All new account owners must complete this section and sign below

I certify my legal capacity to purchase or redeem shares of each Fund, for my own account, or for the account of the entity named above. I have received and read the current Prospectus of each Fund in which I am investing, and appoint Seligman Data Corp. as my agent to act in accordance with the instructions herein.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct Taxpayer Identification Number or Social Security Number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a US person (including a US resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

X
Signature of New Owner Date

X
Signature of New Owner Date

6. BROKER/DEALER OR FINANCIAL ADVISOR DESIGNATION

Dealer/Advisor Firm

Representative's Name

Branch Office Address

City State Zip Code

Representative's ID Number

Representative's Telephone Number Branch Number

7. ACCOUNT OPTIONS AND SERVICES

A. Dividend/Capital Gain Distribution Options

I choose one of the following options for each Fund listed:

- Option 1: Dividends and Capital Gains Reinvested
 Option 2: Dividends in Cash, Capital Gains Reinvested*
 Option 3: Dividends and Capital Gains in Cash*

Fund Name	<u>Option</u>		
_____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
_____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
_____	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>

NOTE: IF NO ELECTION IS MADE, ALL DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS WILL BE REINVESTED TO PURCHASE ADDITIONAL SHARES.
 (All dividend and capital gain distributions are reinvested at net asset value.)

* COMPLETE SECTION J ON PAGE 5 TO HAVE CASH DISTRIBUTIONS DEPOSITED DIRECTLY TO YOUR BANK ACCOUNT.

B. Directed Dividends

I would like my dividends: Directed to another Seligman Fund (complete below) or Paid to a third party (complete Section I on page 5).

From (Fund Name)	To (Fund Name)	Fund Account Number (If Existing)	
_____	_____	_____	<input type="checkbox"/> New
_____	_____	_____	<input type="checkbox"/> New

If you are directing your dividends to a new Seligman fund, you must meet the required minimum balance to open an account.

C. Check Redemption Service

Available if you own or purchase shares having a value of at least \$2,000 invested in Seligman Cash Management Fund or \$25,000 in Seligman High-Yield Bond Series, Seligman Income and Growth Fund, Seligman Investment Grade Fixed Income Fund, Seligman U.S. Government Securities Series, Seligman Harvester Fund, or any of the Seligman Municipal Funds. Class A shares that were purchased at net asset value due to the amount of the purchase and Class B, C or D shares may be subject to a Contingent Deferred Sales Charge (CDSC) on check redemptions. Please contact Seligman Data Corp. for more information. Checks may not be drawn for less than \$500.

IF YOU WISH TO USE THIS SERVICE, YOU MUST COMPLETE THE SIGNATURE CARD BELOW. ALL ACCOUNT OWNERS MUST SIGN THE CARD.

CHECK WRITING SIGNATURE CARD

ACCOUNTS IN THE NAME OF A CORPORATION, TRUST, PARTNERSHIP, ETC., MUST INDICATE THE LEGAL TITLES OF ALL AUTHORIZED SIGNATORS.

Check here if only one signature is required on checks. Otherwise, all account owners must sign the checks.

Check here if a combination of signatures is required and specify the number: _____

IN ALL CASES, EACH SIGNATOR GUARANTEES THE GENUINENESS OF THE OTHER SIGNATURE(S).

	Authorized Signature(s)
_____	1. _____
Name of Fund for Check Redemption Service	
_____	2. _____
Name of Fund for Check Redemption Service	
_____	3. _____
Name of Fund for Check Redemption Service	
_____	4. _____
Account Number (If Existing)	

Account Registration (Please Print)	

D. Telephone Services Election

Unless I check the box below, I understand that I or my representative may place the following requests by telephone:

- Redemptions up to \$50,000 (to address of record or pre-designated bank account: **Complete Section J on page 5**)
- Dividend and/or Capital Gain Distribution Option Changes
- Exchanges
- Address Changes

I DO NOT WANT TELEPHONE SERVICES FOR MYSELF OR MY REPRESENTATIVE NAMED IN SECTION 6 OF THIS APPLICATION.

AUTHORIZATION

I understand that the telephone services are optional and that unless I checked the box above, I authorize the Fund(s), all other Seligman Funds with the same account number and registration that I currently own or in which I invest in the future, and Seligman Data Corp. (“SDC”), to act upon instructions received over the telephone from me or any other person (including the representative named in Section 6 of this application) in accordance with the provisions regarding telephone services as set forth in the current prospectus of each such Fund, as amended from time to time. I understand that redemptions of uncertificated shares of up to \$50,000 will be sent to my account address of record, only if such address has not changed within the 30 days preceding such request, or may be sent to my bank account as designated in Section J. Any telephone instructions given with respect to this account, and any account into which exchanges are made are hereby ratified, and I agree that neither the Fund(s) nor SDC will be liable for any loss, cost, or expense for acting upon such telephone instructions reasonably believed to be genuine and in accordance with the procedures described in each Fund prospectus, as amended from time to time. Such procedures include the recording of telephone instructions, requesting personal and/or account information to verify a caller’s identity, and sending written confirmations of transactions. As a result of this policy, I may bear the risk of any loss due to unauthorized or fraudulent telephone instructions; provided, however, that if the Fund(s) or SDC fail to employ such procedures, the Fund(s) and/or SDC may be liable.

Telephone redemptions are not permitted for corporations or trust accounts on which the current trustee is not listed. Telephone redemptions and dividend and capital gain distribution option changes are not permitted for group retirement plans or IRAs.

E. Invest-A-Check® Service

To start your Invest-A-Check® Service, please indicate your selection below and provide your bank information in Section J on page 5. **Your account may be established concurrently with the Invest-A-Check® Service if the monthly investment option is chosen and you include a check for \$100 (\$200 for Seligman Communications and Information Fund), or if the quarterly investment option is chosen and you include a check for \$250 (\$500 for Seligman Communications and Information Fund).**

I authorize Seligman Data Corp. to draw on my bank account electronically or draw pre-authorized checks (minimum: \$100 monthly or \$250 quarterly, \$200 monthly or \$500 quarterly for Seligman Communications and Information Fund) for investment in my fund account(s) as indicated below:

Fund Name	Dollar Amount	Day of Withdrawal*		
_____			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
_____			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
_____			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly

* If no specific day is selected, my bank account will be debited on the anniversary day, or the prior business day, of my account establishment, for the period designated.

By using the Invest-A-Check® Service to establish your account, you are agreeing to continue this service until you meet the Fund’s minimum investment amount. If you cancel Invest-A-Check® prior to meeting the minimum, your account may be subject to closure. If a check is not honored by your bank, or the value of shares in your account falls below the minimum, this Service may be suspended. In the event a check is returned marked “unpaid,” SDC will cancel the purchase, redeem shares in your account in an amount sufficient to reimburse the fund for any loss it may have incurred, and charge a \$10.00 returned check fee, which will be deducted from your account. This service may be terminated by you or SDC at any time by written notice. You agree to hold the Funds and their agents free from all liability which may result from acts done in good faith and pursuant to these terms.

F. Automatic Dollar-Cost Averaging Service

I authorize Seligman Data Corp. to withdraw \$ _____ (minimum: \$100 monthly or \$250 quarterly) from my Seligman Cash Management Fund account Monthly Quarterly to purchase shares of the same class of Seligman _____ Fund, beginning on the _____ day of _____ (month), _____ (year). Shares in my Seligman Cash Management Fund account must have a current value of \$5,000 at the initiation of this service and all shares must be in “book credit” (uncertificated) form. I understand that if I exchange Class A or Class C shares of Seligman Cash Management Fund, I may pay an initial sales charge at the time I purchase shares of another Seligman fund.

G. Reduced Sales Charges (Class A and Class C shares only)

If you, your spouse, or your minor children own shares in other Seligman mutual funds, you may be eligible for a reduced sales charge. Please complete the Right of Accumulation section or the Letter of Intent section below.

1. Right of Accumulation

Please link the tax identification number or account numbers listed below for Right of Accumulation privileges, so that this and future purchases will receive any discount for which they are eligible.

Tax ID or Account Number	Tax ID or Account Number	Tax ID or Account Number
--------------------------	--------------------------	--------------------------

2. Letter of Intent

I want to reduce my sales charge by agreeing to invest the following amount over a 13-month period:

- Class A: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Class C: \$100,000 \$250,000

If the total amount invested within the 13-month period does not equal or exceed the specified minimum purchase, you will be required to pay the difference between the amount of sales charge paid under the letter of intent and the amount of sales charge applicable to the total purchase actually made. Speak with your financial advisor for more information.

Additionally, in order to ensure accuracy when establishing any of these services, please identify the account type by placing a check in the appropriate field and attach a voided check or deposit slip in the space provided below: Checking Account Savings Account

Tape or Staple Voided Check or Deposit Slip Here.
We Cannot Establish Automated Clearing House Services Without It.

K. Expedited Redemption Service via FED WIRE (AVAILABLE FOR SELIGMAN CASH MANAGEMENT FUND ONLY)

I hereby authorize Seligman Data Corp. to honor telephone or written redemption instructions received from me without a signature guarantee, and believed by Seligman Data Corp. to be genuine. Proceeds will be wired (\$1,000 or more) ONLY to the Bank or Federal Credit Union listed below for credit to my account, or will be sent by check to my address of record. If Expedited Redemption Service is elected, no certificates for shares will be issued. I also understand and agree to the risks and procedures outlined for all telephone services set forth in Section D.

Name of Bank or Federal Credit Union

Name(s) on Bank Account

Bank Account Number

Bank Routing Number

Street Address of Bank

City

State

Zip Code

SELIGMAN ADVISORS, INC.
an affiliate of



J. & W. SELIGMAN & CO.
INCORPORATED

ESTABLISHED 1864

100 Park Avenue, New York, NY 10017

www.seligman.com