

Seligman Account Application

Please make your investment check payable to the "Seligman Group of Funds" and mail it with **all pages** of this completed application to:

For regular delivery:
SELIGMAN DATA CORP.
P.O. Box 9766
Providence, RI 02940-9766
800-221-2450

For overnight delivery:
SELIGMAN DATA CORP.
101 Sabin Street
Pawtucket, RI 02860

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 opens an account.

What this means to you: When you open an account, you are required to provide your name, street address, date of birth, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents. **Failure to provide any required information will result in a delay in processing this application.**

Note: If you buy shares by check which are subsequently sold by Seligman because we are 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.

To open a PROTOTYPE SELIGMAN RETIREMENT ACCOUNT, please request the appropriate application materials. Do not complete this application. Please contact Retirement Plan Services at 800-445-1777 to request the appropriate materials.

1. REQUIRED ACCOUNT REGISTRATION AND CUSTOMER IDENTIFICATION INFORMATION (Please print.)

INDIVIDUAL OR JOINT ACCOUNT **OR** **TRANSFER ON DEATH** (please attach separate page listing up to 5 beneficiaries)

Owner's Name (First Name) (MI) (Last Name)

Social Security Number Birth Date (MM-DD-YYYY)

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Daytime Phone Evening Phone

Joint Owner's Name, if any* (First Name) (MI) (Last Name)

Social Security Number Birth Date (MM-DD-YYYY)

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Daytime Phone Evening Phone

* Joint Tenants with Right of Survivorship unless otherwise indicated

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

Non-US persons or entities applying for a new account must call our Customer Service Center at 800-221-2450 for guidance on what additional documentation is required for submission.

GIFT/TRANSFER TO A MINOR (UGMA/UTMA)

Under the State of _____ Uniform Gifts/Transfers to Minors Act

Custodian — One Person Only (First Name) (MI) (Last Name)

Custodian's Social Security Number Custodian's Birth Date (MM-DD-YYYY)

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Daytime Phone Evening Phone

Minor (First Name) (MI) (Last Name)

Minor's Social Security Number Minor's Birth Date (MM-DD-YYYY)

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

Non-US persons or entities applying for a new account must call our Customer Service Center at 800-221-2450 for guidance on what additional documentation is required for submission.

TRUST ACCOUNT

A copy of the pages of the trust document that include the name of the trust, inception date, named trustees and trustees' signatures must be provided to open the account.

Name of Trust

Trust Agreement Date (MM-DD-YYYY) Trust's Tax ID or Grantor's Social Security Number

Trustee's Name (First Name) (MI) (Last Name)

Trustee's Social Security Number Trustee's Birth Date (MM-DD-YYYY)

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Daytime Phone Evening Phone

Co-Trustee's Name, if any (First Name) (MI) (Last Name)

Co-Trustee's Social Security Number Co-Trustee's Birth Date (MM-DD-YYYY)

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Daytime Phone Evening Phone

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

Non-US persons or entities applying for a new account must call our Customer Service Center at 800-221-2450 for guidance on what additional documentation is required for submission.

CORPORATION OR OTHER ENTITY Please specify _____

If you are establishing an account registered as a Corporation or Other Entity, please refer to the Shareholder Services page on the Seligman website (www.seligman.com) or call our Customer Service center at 800-221-2450 for guidance on what additional documentation is required for submission.

Name of Corporation or Entity			
Date of Formation (MM-DD-YYYY)	State of Organization	Tax ID or Social Security Number	
Name of Acting Officer (First Name)	(MI)	(Last Name)	
Officer's Social Security Number		Officer's Birth Date (MM-DD-YYYY)	
Street Address	City	State	Zip Code
Name of Additional Acting Officer (First Name)	(MI)	(Last Name)	
Additional Officer's Social Security Number		Additional Officer's Birth Date (MM-DD-YYYY)	
Street Address	City	State	Zip Code

IMPORTANT: All individuals authorized to transact on this account must provide their names, Social Security numbers, street addresses and birth-dates. If there are multiple individuals authorized to transact on this account, please attach a separate sheet with this information, if necessary.

Publicly Traded Company Foreign Financial Institution*

* Please refer to the Shareholder Services page on the Seligman website (www.seligman.com) or call our Customer Service Center at 800-221-2450 for a definition of Foreign Financial Institution.

2. INVESTMENT SELECTION

Please indicate the dollar amount(s) you would like to invest in the space(s) provided below. **Although the Seligman Funds do not have a required minimum initial investment, you must achieve and maintain a minimum account balance of \$1,000 per Fund within one year of opening a Fund account. Accounts that do not meet the minimum account value within one year will be subject to closure.**

If more than one fund is selected, each fund will have identical registration and class of shares.

No redemption proceeds will be sent to you with respect to shares purchased by check (unless certified) until Seligman Data Corp. receives notice that the check has cleared, which may take up to 15 days from the credit of the shares to your account.

PLEASE SELECT ONE: Class A Shares Class B Shares Class C Shares

If no class of shares is selected, your investment will automatically be made in Class A shares.

Seligman Funds	
Capital Fund	\$
Cash Management Fund (Class A shares only)	\$
Common Stock Fund	\$
Communications and Information Fund	\$
Core Fixed Income Fund	\$
Emerging Markets Fund	\$
Frontier Fund	\$
Global Growth Fund	\$
Global Smaller Companies Fund	\$
Global Technology Fund	\$
Growth Fund	\$
High-Yield Fund	\$
Income and Growth Fund	\$
International Growth Fund	\$
Large-Cap Value Fund	\$

Seligman Funds (continued)	
LaSalle Global Real Estate Fund (B shares not currently available)	\$
LaSalle Monthly Dividend Real Estate Fund	\$
Smaller-Cap Value Fund	\$
TargETFund Core SM (B shares not currently available)	\$
TargETFund 2015 SM (B shares not currently available)	\$
TargETFund 2025 SM (B shares not currently available)	\$
TargETFund 2035 SM (B shares not currently available)	\$
TargETFund 2045 SM (B shares not currently available)	\$
U.S. Government Securities Fund	\$
Asset Allocation Aggressive Growth Fund	\$
Asset Allocation Growth Fund	\$
Asset Allocation Moderate Growth Fund	\$
Asset Allocation Balanced Fund	\$
Subtotal	\$ _____

Additional Seligman Funds are listed on the following page.

Seligman Municipal Funds (B shares not currently available)	
California High-Yield	\$
California Quality	\$
Colorado	\$
Florida	\$
Georgia	\$
Louisiana	\$
Maryland	\$
Massachusetts	\$
Michigan	\$
Minnesota	\$

Seligman Municipal Funds (B shares not currently available)	
Missouri	\$
National	\$
New Jersey	\$
New York	\$
North Carolina	\$
Ohio	\$
Oregon	\$
Pennsylvania	\$
South Carolina	\$
Subtotal from previous page	\$ _____
Total Investment	\$ _____

3. 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 _____

4. 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	Option
_____	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 (i.e., without sales charges).

B. DIRECTED DIVIDENDS

To direct your dividends to another Seligman Fund, please complete the following section. If you are directing your dividends to a new Seligman Fund, you must meet the required minimum balance within one year to maintain the new Fund account. To direct your dividends to a third party, please complete Section 4.I. To direct your dividends to a bank, please complete Section 4.K.

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

C. 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 K on page 7)
- 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 3 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 account owner (including the representative named in

Section 3 of this application) in accordance with the provisions regarding telephone services as set forth in the 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 K. 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.

D. CHECK REDEMPTION SERVICE (Class A, B, or C)

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 Asset Allocation Balanced Fund, Seligman Core Fixed Income Fund, Seligman High-Yield Fund, Seligman Income and Growth Fund, Seligman Target Fund Core, Seligman U.S. Government Securities 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 and Class C shares may be subject to a Contingent Deferred Sales Charge (CDSC) on check redemptions. Please contact Seligman Data Corp. for more information.

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 SIGNATORIES.

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)
_____ Name of Fund for Check Redemption Service	1. _____
_____ Name of Fund for Check Redemption Service	2. _____
_____ Name of Fund for Check Redemption Service	3. _____
_____ Account Number (If Existing)	4. _____
_____ Account Registration (Please Print)	

E. INVEST-A-CHECK® SERVICE

To start your Invest-A-Check® Service, please indicate your selection below and provide your bank information in Section K on page 7. **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, or if the quarterly investment option is chosen and you include a check for \$250.**

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

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

* Please note, as this is an Automated Clearing House (ACH) transaction, your bank account will be debited two days prior to the "Day of Investment." If no specific day is selected, your bank account will be debited on the 5th day of the month (or the prior business day if the 5th day is not a business day) 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 account balance of \$1,000. You must meet the \$1,000 minimum account balance per Fund within one year of opening your account. If you cancel Invest-A-Check® prior to meeting the minimum, your account will be subject to closure. If your bank rejects an ACH debit to your bank account, this service may be suspended. In the event an ACH debit rejects, Seligman Data Corp. (SDC) will cancel the purchase and redeem shares in your Seligman account in an amount sufficient to reimburse the Fund for any loss it may have incurred. This service may be terminated by you, your registered representative, or SDC at any time by phone or in writing. By signing this application you agree to hold the Fund(s) 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 shares of Seligman Cash Management Fund, I will be subject to an initial sales charge at the time I purchase shares of another Seligman Fund.

G. REDUCED SALES CHARGES (Excludes Seligman Cash Management Fund)

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

1. Right of Accumulation (Class A and B shares of a Fund that you own will be aggregated for the purpose of determining your eligibility for a reduced sales charge, i.e., break point discount)

Please link the tax identification numbers or account numbers listed below for Right of Accumulation privileges, so that my purchases of Class A Shares will receive any discount for which they are eligible.

Tax ID or Account Number	Tax ID or Account Number	Tax ID or Account Number
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2. Letter of Intent (Class A shares only)

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

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Shares equal to 5% of the minimum purchase amount specified will be held in escrow until resolution of the Letter of Intent.

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 and the amount of sales charge applicable to the total purchase actually made. Speak with your Financial Advisor for more information.

H. SYSTEMATIC WITHDRAWAL PLAN (SWP)

To establish a SWP, shares having a current value of \$5,000 or more must be held in your Fund account at the initiation of the SWP, and all shares must be in "book credit" form (i.e., no certificates). (Class A shares purchased at net asset value due to the size of the purchase, and Class B and Class C shares, may be subject to a CDSC on certain withdrawals.) Class B or Class C shareholders, whose dividends and capital gains are reinvested in additional shares, may withdraw up to 12% or 10%, respectively, of the value of the account (at the time of election) per annum, without the imposition of a CDSC. Please contact Seligman Data Corp. at 800-221-2450 for more information.

I authorize Seligman Data Corp. to make systematic withdrawals from my Fund account and send the proceeds as indicated below:

Fund Name and Class of Shares	Dollar Amount (\$50 minimum)	Day of Withdrawal*	Circle "All" or applicable months
			All J F M A M J J A S O N D
			All J F M A M J J A S O N D
			All J F M A M J J A S O N D
			All J F M A M J J A S O N D

* If Day of Withdrawal is not indicated, withdrawals will be made on the anniversary day, or prior business day, of my account establishment.

PLEASE DIRECT MY SYSTEMATIC WITHDRAWAL PROCEEDS TO:

- MY ADDRESS OF RECORD (via CHECK)
- MY BANK ACCOUNT SPECIFIED IN SECTION K (via ACH)
- THE PAYEE AND ADDRESS SPECIFIED IN SECTION I (via CHECK)

You may change the dollar amount and date of scheduled payments or may suspend payments by calling Shareholder Services or by sending written notice to Seligman Data Corp.

I. THIRD-PARTY PAYMENT DETAILS

This third party payee information will be used for (check all that apply):

- Directed Dividends (from Section B)
- Systematic Withdrawals (from Section H)

Name

Address — Line 1

Address — Line 2

City State Zip Code

J. EXPEDITED REDEMPTION SERVICE VIA FEDERAL WIRE (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. I also understand and agree to the risks and procedures outlined for all telephone services set forth in Section 4.C.

Name of Bank or Federal Credit Union

Bank Account Name	Bank Account Number	Bank Routing Number
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Address of Bank	City	State	Zip Code
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K. ACH (Electronic Payment Versus Physical check)

Automated Clearing House (ACH) is a secure payment transfer system that connects all US financial institutions. The ACH network acts as the central clearing facility for all Electronic Fund Transfer (EFT) transactions that occur nationwide.

Eligible Automated Clearing House Services:

Systematic Withdrawal Plan	Telephone Redemption Service
Dividend and Capital Gain Distributions	Invest-A-Check Service

Please choose one or any combination of services by placing a check in the appropriate boxes provided below:

- Systematic Withdrawal Plan
- Dividend Distribution Only
- Dividend and Capital Gain Distribution
- Telephone Redemption Service
- Invest-A-Check Service

Note: If your bank is not an ACH member, these services may not be available. If any of these services are being added to an existing account and the account has outstanding certificates, the certificates must be sent to Seligman Data Corp. for deposit prior to a service being activated.

If you choose to use ACH for any of the eligible services above, please provide the appropriate bank information on the lines below:

Name of Bank or Federal Credit Union

Name(s) on Bank Account	Bank Account Number	Bank Routing Number
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Street Address of Bank	City	State	Zip Code
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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 Voided Check or Deposit Slip Here.
We Cannot Establish These Services Without It.

5. SIGNATURE AND CERTIFICATION All 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 instructions herein.
- If I am opening a custodial account for a minor, I agree that I will transfer and deliver to the minor for whom I am acting as custodian all securities and other assets held in the account promptly upon the minor reaching the age specified by the governing state law for termination of the custodianship. Furthermore, I represent that, to the extent SDC or the Seligman Funds processes any instructions or requests from me regarding this account, I have authority to provide such instructions or make such requests.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number or Social Security Number, **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 Owner

Date

X
Signature of Owner

Date

SELIGMAN ADVISORS, INC.
an affiliate of

J. & W. SELIGMAN & CO.
INCORPORATED
ESTABLISHED 1864
100 Park Avenue, New York, NY 10017
www.seligman.com