

BOND SWAPPING APPRAISAL FORM

Fill out both sides of this appraisal form and return it to your account representative.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STATE OF RESIDENCE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

ACCOUNT NUMBER _____

Swap Objectives and General Information

1. Do you wish to establish a tax loss _____ or realize gain? _____
2. Do you wish to improve quality? _____
3. Do you wish to increase yield? _____
4. Do you wish to increase call protection? _____
5. Is there a change in your tax status? _____
6. What is your tax bracket? _____
7. What type of bond are you swapping? _____
8. If you have other specific investment parameters, please comment:

To accomplish any of these objectives are you willing to...

1. Extend maturity? _____ YES _____ NO
2. Adjust credit ratings? _____ YES _____ NO
3. Invest additional funds? _____ YES _____ NO

BONDS FOR REVIEW

FACE AMOUNT	ISSUER AND DESCRIPTION	COUPON	MATURITY DATE	PURCHASE COST	DATE OF PURCHASE	CUSIP NUMBER

Please photocopy this form if you have more entries.

Questions? Call 877-68-ALAMO or Email information@AlamoCapital.com

