

Complete this form to authorize dealer changes to one or more of your accounts with Nuveen Funds. Then please forward to the new dealer for completion and submission. Please refer to the fund prospectus for more detailed information on each of these service options.

By signing this form, investor(s) acknowledges that neither Nuveen Funds nor any affiliate or service provider to Nuveen Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in Nuveen Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

Send your signed and completed form to Nuveen Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please contact Nuveen Funds with any questions at 800-257-8787.

1. ACCOUNT INFORMATION (REQUIRED)

Please fill out this section with your account number and current registration.

Primary Owner's Name

Prefix First Name or Name of Entity MI Last Name

Social Security Number/
Taxpayer Identification Number Daytime Phone Number Evening Phone Number Mobile Phone Number

Joint Owner's Name

Prefix First Name MI Last Name

Daytime Phone Number Evening Phone Number Mobile Phone Number

2. EXISTING ACCOUNTS (TO BE COMPLETED BY THE SHAREOWNER(S) OR ENTITY AUTHORIZED REPRESENTATIVE)

I/We hereby authorize and direct you to add/change the dealer on my account(s) as follows:

Account Number Check here to: Update all my funds with this Account Number *OR*

List your individual funds here:

Account Number Check here to: Update all my funds with this Account Number *OR*

List your individual funds here:

Check here if a separate page is added for additional accounts.



3. NEW DEALER INFORMATION (TO BE COMPLETED BY YOUR DEALER)

Dealer Name		Dealer NSCC Participant Number	
<input type="text"/>		<input type="text"/>	
Representative Name (First Name, MI, Last Name)		Rep Number	
<input type="text"/>		<input type="text"/>	
Branch Address		Branch Number	
<input type="text"/>		<input type="text"/>	
Daytime Phone Number	Extension		
<input type="text"/>	<input type="text"/>		

We confirm this dealer change and represent to you that we are duly qualified and licensed to sell securities under the laws of the state in which the shareholder resides, and that we have executed a Dealer Sales Agreement with Nuveen Funds.

Authorized Representative Signature (Required)	Print Name/Title (Required)	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

4. SIGNATURE SECTION: ALL REGISTERED OWNERS MUST SIGN (REQUIRED)

ALL registered owners or parties must sign before submitting this form. Add additional lines if needed below for additional owner signatures.

Owner/Party Signature (Must appear exactly as account is registered)	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Owner/Party Signature (Must appear exactly as account is registered)	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Owner/Party Signature (Must appear exactly as account is registered)	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

RETURN COMPLETED FORM(S) TO:

Please return ALL numbered pages, including any pages you did not need to complete.

STANDARD MAIL:
 Nuveen Funds
 P.O. Box 219140
 Kansas City, MO 64121-9140

OVERNIGHT:
 Nuveen Funds
 430 W. 7th Street, Suite 219140
 Kansas City, MO 64105-1407

