FASCore Fund Specific Participant Restriction – Sample Letter

[DATE]

NAME ADDRESS ADDRESS

We previously contacted you in writing on behalf of a fund(s) that is an investment option in your plan or account, as applicable, to request that you stop market timing and/or excessive trading immediately. The fund(s) has determined, according to its definition of market timing and/or excessive trading, that you have continued such prohibited trading. As a result, the trading restriction described below is being implemented at the direction of the fund(s) and your plan, if applicable.

Effective immediately, you may not make transfers to the fund(s) identified below for a period of *[determined by the fund company]*. You are, however, permitted to make transfers out of the fund(s) identified below to other investment options in your plan or account.

[INSERT NAME OF RESTRICTED FUNDS]

If you have any questions regarding this matter, you may contact us at (303) 737-3300 or at [INSERT PLAN'S TOLL-FREE NUMBER].

[DATE]

PART NAME ADDRESS ADDRESS

One or more of the funds available as an investment option in your plan or account, as applicable, has contacted us, as recordkeeper for your plan or account, regarding recent trading activity identified by the fund(s) as market timing and/or excessive trading. In researching this matter, your recent trading activity has been identified as one of the sources of the fund's concerns.

Our primary reason for contacting you on behalf of these fund(s) is to request that you stop market timing and/or excessive trading immediately. We understand that you may not have realized that your activity violated any rules or restrictions imposed by the various funds in which you invest your retirement account. Nevertheless, if you do not stop market timing and/or excessive trading, we will be required by the fund(s) to implement restrictions on your ability to trade.

If you have any questions regarding this matter, you may contact us at (303) 737-3300 or at [INSERT PLAN'S TOLL-FREE NUMBER]. We appreciate your cooperation.

[DATE]

PLAN NAME ATTN NAME ADDRESS ADDRESS

Dear NAME:

A fund that is an investment option for your plan has determined that the individual(s) identified below have continued market timing or excessive trading after receipt of our written request to stop market timing and/or excessive trading.

Pursuant to our Market Timing and Excessive Trading Procedures, a trading restriction preventing individuals from making transfers to the restricted fund has been implemented for the individuals identified below. Individuals are still able to make transfers out of the restricted fund; however, they will not be able to make a transfer back to the restricted fund. The individual will still be able to transfer into and out all unrestricted funds available in their plan through normal methods.

1.

2.

3.

Please keep a copy of this letter for your records. If you have any questions regarding this matter, you may contact us at (303) 737-3300 or at [INSERT PLAN'S TOLL-FREE NUMBER]. We appreciate your assistance with this matter.

Sincerely,

[DATE]

PLAN NAME ATTN PLAN ADMIN. ADDRESS ADDRESS

Dear NAME:

A fund that is an investment option for your plan has determined that the individuals identified below have been market timing or excessive trading.

Pursuant to our Market Timing and Excessive Trading Procedures, we are contacting the individuals in writing to request that they stop market timing and/or excessive trading. If, after receipt of the written request to stop market timing and/or excessive trading, the fund determines that the individuals have continued market timing or excessive trading, we will implement a trading restriction that prevents the individuals from making transfers to the restricted fund via the web, automated phone system and call center for as long as the fund determines, without restricting the individual's ability to use the web and automated phone system for other purposes. Individuals are still able to make transfers out of the restricted fund; however, they will not be able to make a transfer back to the restricted fund. The individual will still be able to transfer into and out all unrestricted funds available in their plan through normal methods.

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Please keep a copy of this letter for your records. If you have any questions regarding this matter, you may contact us at (303) 737-3300 or at [INSERT PLAN'S TOLL-FREE NUMBER]. We appreciate your assistance with this matter.

Sincerely,