



CGM FUNDS TRANSCRIPT REQUEST FORM

1. PLEASE TELL US ABOUT THE ACCOUNT

CGM Fund Name

Account Number

Name(s) of Account Owner(s)

Daytime Telephone Number

□□□-□□-□□□□□

Social Security Number on Account

□□-□□□□□□□□

or Employer Identification Number (EIN) on Account

2. TRANSCRIPT INSTRUCTIONS

Please send a full transcript history from date of establishment, *or*

Please send copies of transcripts for the years of: _____

Please note that The CGM Funds impose a transcript retrieval fee. The fees listed below are per account number. You may request transcripts for the most recent two years free of charge. Please call us at 800-343-5678 with any questions.

Account Establishment Year:

Fees:

If your account was established **on or before December 31, 2003**
(regardless of the number of years pulled)

\$50.00 per request

If your account was established **on or after January 1, 2004**
(regardless of the number of years pulled)

\$25.00 per request

Transcript request is for the most recent two years

Free of Charge

Amount of check enclosed for transcript retrieval fee: \$ _____

3. SHIPPING INSTRUCTIONS — Please check one box.

Please send the transcripts to the address on record.

Please send the transcripts to a different name and/or address*

Name

Address

Telephone Number

*Notarized Signature Required (see section 5).

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4. SIGNATURE(S) OF REGISTERED OWNER(S) OR LEGAL REPRESENTATIVE(S):

I/We authorize the transcript request of my/our account as indicated in section 2. Please sign exactly as your shares are registered, which appears on your confirmation statement. If applicable, your legal capacity, such as Trustee, Custodian, Executor should be included in your signature.

Owner	Legal Capacity	Date
Owner	Legal Capacity	Date
Owner	Legal Capacity	Date

5. SIGNATURE(S) NOTARIZED BY:

State of _____

County of _____

This instrument was signed and acknowledged before me on _____

by _____

Print name of signer(s)

Notary Signature _____

Notary Public _____

My Commission Expires _____

Seal / Stamp

*IMPORTANT NOTE

For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the Notary Public to determine what documentation is needed.

Questions? Call 800-345-4048

Please return this form to:

The CGM Funds, Transcript Department, 38 Newbury Street, 8th Floor, Boston, MA 02116

Instructions and transaction requests by facsimile or email are not accepted.