

# PORTFOLIO EXCHANGE FORM

[FORM PEF-A.2021.7]

SARATOGA  
ADVANTAGE TRUST



## SECTION I: CLIENT INFORMATION

Print Client Name (Exactly as Account is Registered)

Client Account Number

Client Social Security Number

Client Date of Birth

Client Telephone Number

## SECTION II: EXCHANGE INSTRUCTIONS

*Select one of the following two options to make portfolio exchanges in the above-listed account. Please note that the processing of the requested changes will occur within a reasonable time-period after this form is received. Also, the requested changes may be affected by fund price fluctuations during the day changes are processed. The processing of the requested changes may result in taxable transaction(s) to you. Fill out only Option 1 or 2 of Section II: Exchange Instructions, not both.*

*Please note that, unless instructed otherwise, exchanges from one fund to another will be made within the same share class.*

*If this account is set-up for automatic SaratogaSHARP® reallocations, changing the account allocation to an allocation other than a Saratoga Model allocation will prevent automatic SaratogaSHARP® reallocations from taking place in the future.*

**Option 1, describe the changes:** Please make the following changes to the above-listed account:

## SECTION II: EXCHANGE INSTRUCTIONS (CONTINUED)

If you have completed Option 1 on the previous page, please leave Option 2 blank and continue to the next section. If you have questions about completing this form, please contact us at the number below.

**Option 2, change the entire account to a new \$ or % allocation:** Please make the following changes to the above-listed account:  
(complete only Investment Amount or Investment Percentage, not both; Investment Percentage must add up to 100%)

Portfolio Name	Investment Amount	Investment Percentage	Portfolio Name	Investment Amount	Investment Percentage
Conservative Balanced Allocation	\$ _____	_____ %	Investment Quality Bond	\$ _____	_____ %
Moderately Conservative Balanced Allocation	\$ _____	_____ %	Municipal Bond	\$ _____	_____ %
Moderate Balanced Allocation	\$ _____	_____ %	U.S. Government Money Market	\$ _____	_____ %
Moderately Aggressive Balanced Allocation	\$ _____	_____ %			
Aggressive Balanced Allocation	\$ _____	_____ %			
Large Capitalization Value	\$ _____	_____ %			
Large Capitalization Growth	\$ _____	_____ %			
Mid Capitalization	\$ _____	_____ %			
Small Capitalization	\$ _____	_____ %			
International Equity	\$ _____	_____ %			
Health & Biotechnology	\$ _____	_____ %			
Technology & Communications	\$ _____	_____ %			
Energy & Basic Materials	\$ _____	_____ %			
Financial Services	\$ _____	_____ %			

### SECTION III: AUTHORIZATION AND SIGNATURE

I hereby authorize the transactions necessary to implement the portfolio changes listed above and certify that I have received the authority to give these investment instructions from my client.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Firm Name

### SUBMISSION INSTRUCTIONS

**Mail the form to:**

The Saratoga Advantage Trust  
c/o Ultimus Fund Solutions  
4221 N 203rd Street, Ste 100  
Elkhorn, NE 68022-3474

*or*

**Fax the form to:**

Ultimus Fund Solutions  
(402) 963-9094

**Thank you for choosing the  
Saratoga Advantage Trust.**

**Please remember to keep a copy  
of all forms for your records.**