



NEW ACCOUNT APPLICATION

Print clearly in blue or black ink and in all capital letters. You must sign Section 6 to complete the application process. Make check payable to the specific fund you are investing in. For multiple funds, make payable to Van Kampen Funds. For help, please call your financial advisor.

Mail completed application and payment to:
Van Kampen Investor Services Inc.
P.O. Box 219606
Kansas City, MO 64121-9606

Overnight Delivery:
Van Kampen Investments
816 Wyandotte Station
Kansas City, MO 64105

FOR OFFICE USE ONLY

All fields are required unless otherwise noted. Failure to complete all fields may delay account setup.

1. Select your account type Please complete only one section (A, B, C, D or E) below.

A. Individual or Joint Account

Owner's First Name M.I. Last Name

Owner's Date of Birth (MM/DD/YYYY)

Owner's Social Security Number

Joint Owner's First Name M.I. Last Name

Joint Owner's Date of Birth (MM/DD/YYYY)

Joint Owner's Social Security Number

By default, joint owners have rights of survivorship unless designated otherwise.

For additional account owners, please provide identifying information as indicated in this section, Section 1A, for each owner and attach it to the application. This information is required in order to establish your account.

Transfer on Death—optional designation of beneficiaries for individual, joint owners with rights of survivorship (JT TEN), or tenants by the entireties (TEN ENT) accounts.

To select different beneficiaries, complete the information below. Please be sure to complete Individual or Joint Account above.

Subject to Van Kampen Investor Services Inc. Rules Governing Transfer on Death Registrations under the Delaware Uniform TOD Security Registration Act. You can request or download a copy of these rules at vankampen.com. All beneficiaries are considered primary unless otherwise noted. If beneficiary is a minor, you must designate a custodian, trustee or guardian.

Beneficiary's First Name M.I. Last Name

Beneficiary's Address

Beneficiary's Social Security Number

Beneficiary's Date of Birth (MM/DD/YYYY)

Signature of Spouse (required if not listed as joint owner or beneficiary)

B. Uniform Gift/Transfer to Minors (UGMA/UTMA)

Custodian's First Name M.I. Last Name

Custodian's Date of Birth (MM/DD/YYYY)

Custodian's Social Security Number

Minor's First Name M.I. Last Name

Minor's Social Security Number
Do not provide the custodian's Social Security number.

Minor's Date of Birth (MM/DD/YYYY)

State of Residence
You can choose the state of residence for the donor, custodian or minor. The gift or transfer will be governed by that state's laws.

C. Conservator/Guardianship Account

Conservator Guardianship

Conservator/Guardian's First Name M.I. Last Name

Conservator/Guardian's Date of Birth

Conservator/Guardian's Social Security Number

Ward/Incompetent/Minor's First Name M.I. Last Name

Ward/Incompetent/Minor's Date of Birth

Ward/Incompetent/Minor's Social Security Number

Van Kampen Funds Inc.
1 Parkview Plaza, P.O. Box 5555
Oakbrook Terrace, IL 60181-5555
www.vankampen.com

To establish a Van Kampen retirement account or 529 Plan, call (800) 847-2424. For an application, visit vankampen.com, select Literature, then download forms.



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GENAPLMF 11/05

1. Select your account type (continued)

D. Trust

Refer to Section 8 for documentation requirements.

Trustee's Name

Co-Trustee's Name (if applicable)

Name of Trust

Date of Trust (MM/DD/YYYY)

Taxpayer Identification Number for the Trust*

E. Organization or Entity

Refer to Section 8 for documentation requirements.

Please Check One:

- Corporation
 Partnership
 Limited Liability Company (LLC)
 Retirement Plan
 Other

Name of Entity

Taxpayer Identification Number*

*Please refer to IRS Form W-9 for further instructions on which ID number to provide.

2. Provide address for account owner(s)

A.

Permanent residence address for account owner (for individuals) or principal place of business (for entities only) is required. When the account owner is a minor or otherwise lacks legal capacity, please provide the address of the individual establishing the account for the person lacking legal capacity.

Street Number

(DO NOT USE P.O. Box)

Street, apartment, suite number, rural route box number

City

State

Zip

Daytime Telephone Number

E-mail Address (optional)

Mailing Address (if different from above)

Street Number

Street

City

State

Zip

B.

Joint account owner's address is also required.

Street Number

(DO NOT USE P.O. Box)

Street, apartment, suite number, rural route box number

City

State

Zip

Daytime Telephone Number

E-mail Address (optional)

Mailing Address (if different from above)

Street Number

Street

City

State

Zip

Please attach residential addresses for additional account owners, if applicable. (required)



3. Choose your funds

For more complete information about any fund distributed by Van Kampen Funds, consult your financial advisor. A prospectus containing more detailed information, including risk considerations, fees, sales charges and ongoing expenses, is available for each fund. Read the prospectus carefully before investing or sending money. For Senior Loan Fund, minimum initial investment is \$1,000 (\$250 for tax sheltered retirement plans). Note: If selecting more than one fund, you must specify the dollar amount for each fund.

Fund Number (see page 7)	Class of Shares	Name of Fund (see page 7)	Dollar Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
TOTAL AMOUNT			\$ <input type="text"/>

Order Confirmation Number (financial advisor use only)

In an effort to reduce operating costs associated with the regulatory requirements imposed on financial institutions in connection with the acceptance of cash-like instruments, Van Kampen does not accept money orders, traveler's checks, foreign checks, foreign currency or cash to purchase mutual fund shares. A third-party check will generally not be an acceptable form of payment for mutual fund shares.

4. Select how you want to receive your dividends or capital gains

Dividends

If you do not make a selection, all distributions will be reinvested.

- Reinvest Cash (select an option below)

Short-Term and Long-Term Capital Gains

If you do not make a selection, all distributions will be reinvested.

- Reinvest Cash (only available if dividends are cash)

How Would You Like to Receive Your Dividend/Capital Gain Cash Distributions?

If you do not select an option, a check will be sent to the address listed on this application.

- Direct deposit to my bank account (This privilege will be established only if you include a preprinted voided check or savings deposit slip.)
 Send to the address listed on this application
 Reinvest in another Van Kampen fund of the same account registration and share class, provided such fund and share class are available for sale

Fund Name	Account Number
<input type="text"/>	<input type="text"/>

- Send to the address listed below

Street Number	Street	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Choose your optional account privileges

Automatic Investment Plan (AIP)

Automatically invest by transferring money directly from your bank account into your mutual fund(s). You must enclose a voided check (preprinted with at least one shareholder name) with this application to establish this option. Your AIP must be for at least \$25 per fund (\$100 for the Senior Loan Fund with \$1,000 minimum initial investment). If you select more than one fund with a total sum of \$25, the purchase will be made into the first fund listed. This option may be unavailable for some Van Kampen funds.

Fund Number	Amount	Frequency
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
<input type="text"/>	\$ <input type="text"/>	Start Date (MM/DD/YYYY) If you do not select a date, the purchase will be made on or about the 18th of the month
		<input type="text"/>



5. Choose your optional account privileges (continued)

Systematic Exchange

Exchanges must be made into another Van Kampen fund of the same registration and share class. Systematic Exchange from the Senior Loan Fund is not allowed. Systematic exchanges may be unavailable for other Van Kampen funds.

From: _____
 Fund Name _____
 Account Number _____

To: _____
 Fund Name _____
 Account Number _____

Begin exchanges on: _____ / _____ / _____
 (MM/DD/YYYY)

Exchange amount (check one):

- \$ _____ (\$25 minimum)
- Number of Shares: _____
- Percent of Total Account Value: _____ %

Systematic Withdrawal

Withdraw a predetermined amount from your account. You can either receive this amount by check or have it deposited directly to your bank account. To establish this privilege, each account must total \$10,000 or more for monthly withdrawals (\$5,000 or more for quarterly, semiannual, or annual withdrawals) at the next computed net asset value per share after receipt of instructions. Shareholders who establish a withdrawal plan may annually redeem up to 12 percent of their account value at the time this plan is established without incurring a CDSC fee. This privilege is not available for the Senior Loan Fund.

Withdrawal amount (no less than \$25)

\$

Frequency

- Monthly Quarterly Semi-Annually Annually

Start Date (MM/DD/YYYY): _____ / _____ / _____

If you do not select a date, a withdrawal will be made on or about the 18th of each month.

How would you like to receive your systematic withdrawal?

If you do not select an option, a check will be mailed to the address listed on your account.

- Direct deposit into my bank account (attach voided check or savings deposit slip)
- Send to the mailing address listed in Section 1 of this form
- Send to the address listed below

Name of Bank, Individual or Entity _____

Street Address _____

City _____ State _____ Zip _____

Name on Bank Account (if applicable) _____

Bank Account Number (if applicable) _____

Please check with your financial advisor concerning the tax consequences of all securities transactions.

Transactions Options (includes automated and telephone)

Automated

Buy, sell or exchange fund shares at any time through vankampen.com or call (800) 847-2424. Senior Loan Fund is not eligible for automated redemption and exchange, the purchase option is available. See the prospectus for details.

This privilege will be established only if you include a preprinted voided check or savings deposit slip. If you do NOT want the automated transaction privileges, check the box below.

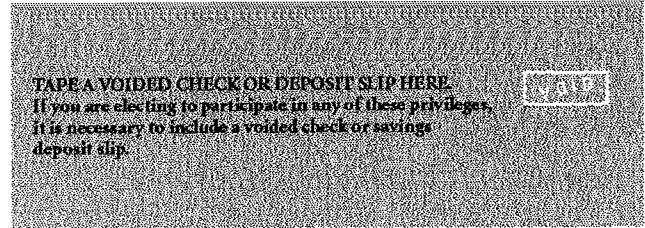
- I (we) decline automated transaction privileges. I (we) will still have access to account information and fund prices through (800) 847-2424 and vankampen.com.

Telephone

Additionally, your account automatically includes the privilege to request redemptions to your designated bank account by speaking with a telephone representative, during NYSE market hours. Senior Loan Fund is not available for telephone redemption. If you do NOT want these privileges, check the box below.

- I (we) decline telephone redemption privileges.

You can choose to have your redemption sent to your bank account via wire (requires one day processing) or ACH (requires two day processing). Some banks may charge an incoming fee for wires, please check with your bank prior to requesting a redemption.



Sales Charge Reduction

Letter of Intent

Establishing a Letter of Intent may qualify you for reduced front-end sales charges. To qualify, you must invest a predetermined amount over a 13-month period based on the total amount of intended purchases plus the current offering price of all eligible shares previously purchased and still owned in accordance with the Purchase of Shares section of the prospectus.

This option is available for Class A shares only and does not apply to Reserve Fund or Tax-Free Money Fund.

Planned investment amount during the next 13 months

- \$50,000* \$100,000 \$250,000
- \$500,000 \$1,000,000

May not apply to all funds, refer to the fund prospectus

Provide fund and account numbers for existing accounts to be applied toward your Letter of Intent:

Fund Name _____

Account Number _____

Rights of Accumulation/Cumulative Purchase Discount

To qualify for sales discounts on Class A shares, you may combine the value of those shares with the value of shares owned by you, members of your immediate family (spouse and dependent children under 21) and certain other circumstances as described in the prospectus.

Please indicate below the fund names and account numbers.

Fund Name _____

Account Number _____



6. Sign this application

You must complete this section to establish your account. Sign your name exactly as it appears in Section 1 of this application. Print titles below if signing on behalf of a business, trust or as custodian. For joint registrations, all must sign.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

Until you provide the required information and/or documents, we may not be able to open an account or effect any transactions for you.

- I acknowledge that my purchase order will not be processed unless this account application and purchase payment are received in good order.
- I acknowledge that the Fund(s) agent, Van Kampen Investor Services Inc. (VKIS), will attempt to collect the missing information required by either contacting me or my financial advisor. If VKIS is not able to obtain this information within a reasonable time frame, I understand the application will be rejected.
- I acknowledge that if VKIS obtains the required information, I understand my investment will be accepted and I will receive the price as of the next calculated net asset value after all information is received.
- I acknowledge that VKIS will attempt to verify my identity within a reasonable time frame after this application is received. If VKIS is unable to verify my identity, I understand that VKIS reserves the right to restrict additional transactions and/or liquidate my account at the next calculated net asset value after the account is closed (minus any applicable sales charges) via check, that the redemption proceeds may be higher or lower than my initial investment, that I may lose money based on market conditions at the time of redemption, and that this transaction may create a taxable event.
- I am of legal age, have read the current fund prospectus(es) and agree to its terms.*
- I (we) agree to indemnify and hold harmless Van Kampen Investments Inc., Morgan Stanley and their subsidiaries, including Van Kampen Investor Services Inc., the fund's service agent, collectively "Van Kampen" and any Van Kampen mutual fund that may be involved in transactions authorized by telephone (including our automated system at (800) 847-2424) or Internet against any claims, loss, expense or damage, including reasonable fees of investigation and counsel, in connection with any telephone or Internet transaction effected on my (our) account. Van Kampen employs procedures it considers to be reasonable to confirm that instructions communicated by telephone or Internet are genuine. Such procedures include requiring certain personal identification information prior to acting upon telephone or Internet instructions.
- This authorization shall be effective upon its receipt by VKIS. If any provision of this authorization is declared by any court to be illegal or invalid, the validity of the remaining parts shall not be affected thereby, and the illegal or invalid portion shall be deemed stricken from this authorization.
- By signing, I certify and represent that I am duly authorized by appropriate corporate resolutions to act on behalf of and to bind the business, trust or other corporate entity on whose behalf I sign.
- By signing, I certify and represent that I am duly authorized to act as custodian for the named entity.
- I understand the automated transaction privilege may be modified or terminated at any time. I also understand all the privileges and features selected in this application, including the automated transaction privilege if I have not declined it, are subject to the conditions and provisions set forth herein and in the current prospectuses of the funds.
- I understand if I elect to declare one or more beneficiaries, the account is subject to the Van Kampen Investor Services Inc. Rules Governing Transfer on Death Registrations under the Delaware Uniform TOD Security Registration Act.

- I understand if Van Kampen, or any fund, fails to follow the procedures outlined in the prospectus, it may be liable for any losses due to unauthorized or fraudulent instructions.
- For corporations, trusts or partnerships: We hereby certify that each of the persons listed herein has been duly elected, is now legally holding the office set forth opposite his/her name, and has the authority to make this authorization.
- By signing, I(we) certify under penalties of perjury that all information provided herein and attached hereto is true and correct.

*If owner is a minor under the laws of the owner's state of residence, a parent or guardian must also sign this application.

Taxpayer Identification Number Certification (Substitute Form W-9)

Citizenship of beneficial owner

U.S. citizen Resident alien Nonresident alien*

*In order to certify your status as a nonresident alien or foreign entity, you must complete and return the appropriate IRS Form W-8. If you have not obtained a U.S. taxpayer identification number you must provide and attach one of the following: 1) passport number and country of issuance; 2) alien identification card number; or 3) number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph. If you are a foreign business or enterprise you must attach unexpired government-issued documentation certifying the existence of the business or enterprise.

Country of permanent residence (citizenship)

I certify, under penalties of perjury, that (1) my Social Security or tax identification number provided in this application is correct (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a U.S. person (including a U.S. resident alien). (Please cross out item (2) above if it does not apply to you.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner (must sign name exactly as indicated in Section 1)

Signature of Joint Owner (if applicable, must sign name exactly as indicated in Section 1)

Signature of Joint Owner (if applicable, must sign name exactly as indicated in Section 1)

Date

Title (if applicable)

Mail completed application to:

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P.O. Box 219606
Kansas City, MO 64121-9606

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816 Wyandotte Station
Kansas City, MO 64105



