

MIDWEST REGIONAL OFFICE

Japanese American Citizens League

5415 NORTH CLARK STREET
CHICAGO, ILLINOIS 60640
(312) 728-7170

WILLIAM J. YOSHINO
REGIONAL DIRECTOR

November 9, 1981

Ms. Lisa Marker
Kemper Money Market Fund, Inc.
DST, Inc.
PO Box 1557
Kansas City, Missouri 64141

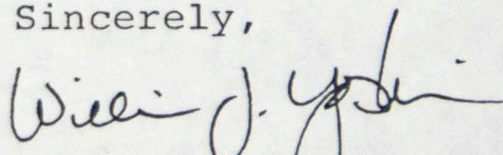
Dear Ms. Marker:

I enclose, for your information, previous correspondence to you from my assistant, Alice Esaki, requesting a wire transfer in the amount of [REDACTED] from the Japanese American Citizens League Redress Committee Kemper [REDACTED] to our [REDACTED] with the Community Bank and Trust Company of Edgewater, [REDACTED]

You will now find enclosed the proper completed form to effect this transaction.

With regards,

Sincerely,


William J. Yoshino

WJY/ae

Enclosure

ACCOUNT INFORMATION FORM

Please complete this form and mail to:
Kemper Money Market Fund, Inc.
c/o DST, Inc.
P.O. Box 1557, Kansas City, Missouri 64141

DEALER INFORMATION—Optional

Dealer's Name _____ Branch Location _____
Representative's Name _____ Rep. No. _____

REGISTRATION (please print or type)

Japanese American Citizens League
Name(s) _____

Redress Fund _____

5415 North Clark Street
Street Address _____

Chicago, IL 60640
City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Social Security or Tax Identification No. _____

Date November 9, 1981

Fund Account No. _____
(If Previously Obtained)

Amount _____

Make checks payable to Kemper Money Market Fund, Inc.

DIVIDENDS Please check one: Reinvest Cash If no choice is indicated dividends will be reinvested.

EXPEDITED REDEMPTION PRIVILEGES (May not be used to redeem shares in certificate form.)

A. WIRE REDEMPTIONS Yes No

By electing this option, you authorize DST, Inc. to honor telephone or other instructions FROM YOU OR ANY OTHER PERSON without signature guarantee for the redemption of Fund shares from your account. The proceeds will only be wire transferred to the account with a commercial bank or trust company designated below. This privilege will be terminated if DST, Inc. receives written notice from any account owner of revocation of this authority. SIGNATURE GUARANTEE REQUIRED.

Name of Your Bank (Not a savings and loan, or credit union) _____ Bank Account No. _____
5340 North Clark Street Chicago, Illinois 60640
Address of Bank City State Zip Code

B. REDEMPTION CHECKS Yes No

By electing this option, you authorize drafts drawn on the Fund to be honored and the redemption of a sufficient number of Fund shares to pay such drafts. This privilege is subject to the additional terms on the reverse side hereof. SIGNATURE GUARANTEE REQUIRED.

CERTIFICATION

The undersigned certify that they have the power and authority to establish this account and select the privileges requested. The account owners release the Fund, DST, Inc., Kemper Financial Services, Inc., United Missouri Bank of Kansas City, N.A., and their agents and representatives from all liability and agree to indemnify the same from any and all losses, damages or costs for acting in good faith in accordance with the Expedited Redemption Privileges selected herein. The undersigned certify that the Fund's current prospectus has been received and read. The undersigned agree that the authorizations hereon shall continue until DST, Inc. receives written notice of a change or modification signed by all appropriate parties. This account is subject to the terms of the Fund's prospectus, as amended from time to time, and subject to acceptance by the Fund in Chicago, Illinois and to the laws of Illinois. All terms shall be binding upon the heirs, representatives and assigns of the account owners.

SIGNATURE—SIGN IN BOX BELOW EXACTLY AS NAME OR NAMES APPEAR IN REGISTRATION ABOVE OR IN THE LIST TO THE RIGHT with blue or black ballpoint. Note especially first name and middle initial.

Joint Accounts: Check whether either owner is authorized or all owners are required to sign Redemption Checks.

Institutional Accounts: Indicate number of authorized signers required to sign Redemption Checks. 1, 2, 3, 4.

Four empty rectangular boxes for signatures.

INSTITUTIONAL ACCOUNTS:

Please type or print names and titles of authorized signers. ALSO COMPLETE APPROPRIATE RESOLUTION ON REVERSE SIDE.

Shigeo Wakamatsu _____

Alice K. Esaki _____

Alice K. Esaki _____

SIGNATURE GUARANTEE—COMPLETE IF EITHER EXPEDITED REDEMPTION PRIVILEGE IS SELECTED OR MODIFIED. Signature guarantee must be supplied by a commercial bank, trust company or member of national securities exchange.

SIGNATURE GUARANTEED
AFFIX SIGNATURE GUARANTEE STAMP
COMMUNITY BANK & TRUST CO. OF EDGEWATER

By *Mark J. ...* _____
Signature Guaranteed By
ASST. VICE PRESIDENT

Authorized Signature

SEE ADDITIONAL TERMS AND RESOLUTIONS ON REVERSE SIDE.