

# PINNACLE VALUE FUND IRA APPLICATION

Mail to:  
 Pinnacle Value Fund  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147



For help with this form call:  
 (877)369-3705 toll free  
**PLEASE PRINT**

**ACCOUNT INFORMATION** *(please print)*

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 BUSINESS ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 EMAIL \_\_\_\_\_

**CONTRIBUTION INFORMATION**

Account Type (check one):

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Traditional  | <input type="checkbox"/> SEP IRA    |
| <input type="checkbox"/> Roth   | <input type="checkbox"/> Spouse IRA |
| <input type="checkbox"/> Rollover   | <input type="checkbox"/> Transfer   |
| <input type="checkbox"/> Coverdell Education Savings Account<br><i>(formerly Education IRA)</i> |                                     |

Initial Contribution (check one):

- |   |
|---|
| <input type="checkbox"/> Check payable to the Pinnacle Value Fund<br>Amount \$ _____ for tax year _____ |
| <input type="checkbox"/> Direct Rollover<br>(Attach IRA Rollover Request form)                          |
| <input type="checkbox"/> Direct Transfer<br>(Attach IRA Transfer Request form)                          |

**DESIGNATION OF BENEFICIARY**

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me.

	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	_____-_____-_____	_____	____/____/____	_____%
2. _____	_____-_____-_____	_____	____/____/____	_____%
3. _____	_____-_____-_____	_____	____/____/____	_____%

\*If no percentage indicated the beneficiaries will share equally.

**SIGNATURES AND CERTIFICATIONS**

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence, and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint US Bank to act as Custodian of my account. I indemnify US Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and the IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in the application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are the insured by the FDIC.

I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I agree that neither the Fund, nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon your instructions believed to be genuine.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SPOUSAL SIGNATURE (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 US Bank SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

*US Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.*