

# The Perkins Discovery Fund

## New Account Application

*Please do not use this form for IRA accounts.*

Mail to: The Perkins Discovery Fund  
c/o US Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: The Perkins Discovery Fund  
c/o US Bancorp Fund Services, LLC  
615 E. Michigan St. FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-280-4779** or visit our website at **www.perkinsfunds.com**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

### 1. Investor Information – *Select one*

Individual

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Joint Owner

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

*Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.*

Gift to Minor

CUSTODIAN'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
(ONLY ONE PERMITTED)

CUSTODIAN'S SOCIAL SECURITY NUMBER \_\_\_\_\_

MINOR'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
(ONLY ONE PERMITTED)

MINOR'S SOCIAL SECURITY NUMBER \_\_\_\_\_

MINOR'S STATE OF RESIDENCE \_\_\_\_\_

Corporation/  
Trust \*

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION \_\_\_\_\_

Partnership\*

NAME(S) OF TRUSTEE(S) \_\_\_\_\_

Other Entity\*

SOCIAL SECURITY NUMBER / TAX ID NUMBER \_\_\_\_\_

DATE OF AGREEMENT (Mo / Dy / Yr) \_\_\_\_\_

\* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

**Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.**

**2. Permanent Street Address** (PO Box is not acceptable)  
(Residential Address or Principal Place of Business)

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

**Mailing Address (if different from Permanent):**  
*If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #1**

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #2**

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**3. Investment and Distribution Options**

- By check: Make check payable to **The Perkins Discovery Fund:** \$ \_\_\_\_\_ (\$2,500 Minimum)
- By wire: Call 1-800-280-4779. Indicate amount of wire: \$ \_\_\_\_\_ (\$2,500 Minimum)

**The Fund's initial investment requirement is \$2,500**

- Reinvest all Dividend and Capital Gain Distributions
- Reinvest all Dividend Distributions and Send Capital Gain Distributions in Cash
- Send Dividend and Capital Gain Distributions in Cash

*If nothing is selected, distributions will be reinvested.  
Cash distributions will be sent to the Address of Record given in Section 2 unless otherwise indicated.*

**4. Automatic Investment Plan**

Your signed application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

Amount per Draw (\$100 Minimum)	AIP Start Month	AIP Start Day	Monthly	Quarterly
\$ _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Telephone and Internet Options

Your signed application must be received at least 15 business days prior to initial transaction.

- Redemption** – permits the transfer of funds via:
  - Check to address in section 2
  - Federal wire to your bank account below (\$15.00 charge for each wire)\*
  - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)\*

*Please select one of the above redemption options. If the Redemption box is checked, with no option indicated, any telephone redemption will be limited to the receipt of a check.*

- Purchase (EFT)** (\$100 minimum) - permits the on-demand purchase of shares from your bank account.\*

*\* If you selected any of these options, please attach a voided check or savings deposit slip to section 7 of this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

- E-mail Address** – permits the fund to send you fund updates
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## 6. Systematic Withdrawal Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Systematic Withdrawal Plan (\$100 minimum and \$10,000 account value minimum) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 2
- Payments will be deposited directly into your bank account. Please attach a voided check to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments  Monthly  Quarterly  Annually starting with the month given here:

Amount per Withdrawal

SWP Start Month

SWP Start Day

\$ \_\_\_\_\_

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## 7. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check or savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

**PLEASE ATTACH  
VOIDED CHECK OR SAVINGS  
DEPOSIT SLIP  
HERE**

## 8. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for The Perkins Discovery Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Perkins Discovery Fund") will not be responsible for banking system delays beyond their control. By completing sections 5, 6, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Perkins Discovery Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

**Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).**

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

\_\_\_\_\_  
SIGNATURE OF OWNER\*

\_\_\_\_\_  
DATE (Mo / Dy / Yr)

\_\_\_\_\_  
SIGNATURE OF OWNER\*

\_\_\_\_\_  
DATE (Mo / Dy / Yr)

\*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

## 9. Dealer Information

Please be sure to complete representative's first name and middle initial.

\_\_\_\_\_  
DEALER NAME

DEALER HEAD OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
REPRESENTATIVE'S LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID number in Section 1?
  - Birth date in Section 1?
  - Full name in Section 1?
  - Permanent street address in Section 2?

- Enclosed your check made payable to The Perkins Discovery Fund?
- Included a voided check, if applicable?
- Signed your application in Section 8?
- Enclosed additional documentation, if applicable?