# The Perkins Funds
# New Account Application

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

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

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

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

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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 Funds reserve the right to redeem your account at the current day's net asset value.

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## 1. Investor Information

Please select only one and complete the corresponding section(s) below.

- ❑ **Individual (one owner only)**
- ❑ **Joint (two or more owners)**
- ❑ **Minor (Gift / Transfer)**
- ❑ **Corporation / Trust***
- ❑ **Partnership***
- ❑ **Other Entity***

### Primary Owner

This person's name will be listed first on the account. All tax reporting will be done under this person's Social Security number.

Full Name (First, Middle, Last)

Social Security Number

Date of Birth (Month / Day / Year)

### Joint Owner

Account will be registered as *Joint Tenant with Right of Survivorship (JTWROS)* unless otherwise specified.

Full Name (First, Middle, Last)

Social Security Number

Date of Birth (Month / Day / Year)

### Minor

All statements will be sent to the custodian.

Minor's Full Name (First, Middle, Last)

Date of Birth (Month / Day / Year)

Social Security Number

Minor's State of Residence

### Minor's Account Custodian

Full Name (First, Middle, Last)

Social Security Number

Date of Birth (Month / Day / Year)

### Corporation / Trust / Partnership / Other Entity

Name of Corporation / Trust / Partnership / Other Entity

Name(s) of Trustee(s)

Social Security / Tax ID Number

Date of Agreement (Month / Day / Year)

State of Incorporation / Organization

*You must supply documentation to substantiate the existence of your organization, such as Articles of Incorporation/Formation/ Organization, Trust Agreements, Partnership Agreements, 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 individuals authorized to act on the account.

## 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

E-MAIL ADDRESS

## ❏ 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.*

FULL NAME

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.*

FULL NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

## 3. Investment Choices

❏ By check: Make check payable to The Perkins Funds.

❏ By wire: Call 1-800-280-4779 to indicate amount of wire.

| Fund Name | | Investment Amount<br>$ 2,500 Minimum | Distribution Options<br>Capital Gains & Dividends Reinvested | Capital Gains Reinvested & Dividends in Cash* | Capital Gains & Dividends in Cash* |
|---|---|---|---|---|---|
| ❏ The Perkins Opportunity Fund | 1100 | $________ | ❏ | ❏ | ❏ |
| ❏ The Perkins Discovery Fund | 1101 | $________ | ❏ | ❏ | ❏ |
| | Total | $________ | | | |

*If nothing is checked, all distributions will be reinvested.*

* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

## 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 to purchase selected fund shares, on a pre-determined regular basis. Please attach a voided check or preprinted savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

| | | Amount per Draw ($100 Min Per Fund) | AIP Start Month | AIP Start Day | Monthly | Quarterly |
|---|---|---|---|---|---|---|
| ❏ The Perkins Opportunity Fund | 1100 | $________ | ________ | ________ | ❏ | ❏ |
| ❏ The Perkins Discovery Fund | 1101 | $________ | ________ | ________ | ❏ | ❏ |

**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.

## 5. Telephone and Electronic Transfer Options

Check appropriate boxes at right to authorize a specific type of transaction.

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

❏ **Redemption** - permits the transfer of funds via the following options:
- ❏ Check to address in section 2
- ❏ Federal wire ($1,000 min.) 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 indicate which of the above redemption options you would like your account to have. If the Redemption box is checked, with no option indicated, any telephone redemption will be limited to the receipt of a check.

❏ **Purchase** (EFT) ($1,000 minimum) - permits the on-demand purchase of shares from your bank account.*

❏ **Exchange** - permits the exchange of shares between identically registered accounts in The Perkins Funds.

* If you selected a wire transfer or EFT option, funds will automatically be transferred to or from your bank account. Please attach a voided check or preprinted savings deposit slip on Section 7 of this application. We are unable to debit or credit mutual fund or pass-through accounts.

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## 6. Systematic Withdrawal Plan

Check appropriate box at right to authorize a specific type of transaction.

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 or a preprinted savings deposit slip to Section 7 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

| | | Amount per Withdrawal | SWP Start Month | SWP Start Day | Monthly | Quarterly |
|---|---|---|---|---|---|---|
| ❏ The Perkins Opportunity Fund | 1100 | $______________ | ______________ | __________ | ❏ | ❏ |
| ❏ The Perkins Discovery Fund | 1101 | $______________ | ______________ | __________ | ❏ | ❏ |

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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 a preprinted 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
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE

## 8. Dealer Information

Please be sure to fill in representative's complete information, if Fund is purchased through an authorized registered rep.

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

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

I have received and understand the prospectus for The Perkins Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each fund. 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 Funds to revoke my consent. I agree to notify the Funds 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 Funds and their transfer agent shall not be liable if I fail to notify the Funds within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "The Perkins Funds") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, 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 Funds 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 Funds' transfer agent receives and has had 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)

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHE ENTITY

*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.

**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 a check made payable to The Perkins Funds**
- ❑ **Attached a voided check in Section 7, if applicable**
- ❑ **Signed the application in Section 9**
- ❑ **Enclosed additional documentation, if applicable**