

WEGENER ADAPTIVE GROWTH FUND IRA APPLICATION

Mail to:
Wegener AdaptiveGrowth Fund
8000 Town Centre, Suite 400
Broadview Heights, OH 44147

For help with this form call:
800-595-4077(toll free)

ACCOUNT INFORMATION

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
BUSINESS PHONE () _____ HOME() _____

SOCIAL SECURITY _____-_____-_____
DATE OF BIRTH ____/____/_____
EMAIL _____

CONTRIBUTION INFORMATION

Account Type (check one):

- Traditional SEP IRA
 Roth Spouse IRA
 Rollover Transfer
 Coverdell Education Savings Account
(formerly Education IRA)

Initial Contribution (check one):

- Check payable to the Wegener Adaptive Growth Fund
Amount \$ _____ for tax year _____
 Direct Roll over
(Attach IRA Transfer Request form)
 Direct Transfer
(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.

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

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 U.S. Bank to act as Custodian of my account. I indemnify U.S. 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.

SIGNATURE

____/____/____
DATE

SPOUSAL SIGNATURE (if applicable)

____/____/____
DATE

U.S. BANK SIGNATURE

____/____/____
DATE

U.S. 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.