

# ENSEMBLE FUND

Please visit our website at [www.ensemblefund.com](http://www.ensemblefund.com) or call toll-free 1-800-785-8165 for any assistance. Do not use this application to establish an Ensemble Fund Individual Retirement Account.

## 1. Taxpayer Identification Number

For joint accounts, provide SSN of first listed owner; For UGMA/UTMA use minor's SSN

Social Security Number or Taxpayer Identification Number

## 2. Account Registration (Please Print or Type)

Please check only one type of registration below:

Individual (may not be a minor)

Owner's Name (First, Middle, Last) Date of Birth

Joint\* (may not be a minor)

Joint Owner's Name (First, Middle, Last) Date of Birth

Joint Owner's Name (First, Middle, Last) Date of Birth

\*Joint tenants with right of survivorship, unless otherwise noted.

Gift/Transfer to a Minor (UGMA/UTMA)

Minor's Name (First, Middle, Last) Minor's Date of Birth

Custodian's Name (First, Middle, Last) Custodian's SSN Required

Trust (Please attach a trust resolution)

Name of Trust

Name of Trustee

Additional Trustee (If applicable) Date of Trust

Corporation or other Entity

Type of Entity:  Corp.  Partnership  Other \_\_\_\_\_

Name of Corporation, Partnership, Estate, ect.

Please attach a corporate / non-corporate resolution.

## 3. Mailing Address

Street

City, State, Zip Code

( ) ( )  
Daytime Telephone Evening Telephone

Owner's Citizenship:

U.S. Citizen  U.S. Resident alien \_\_\_\_\_  
Country

Non-resident alien - Residence for tax purposes \_\_\_\_\_  
Country  
Non-resident aliens with a U.S. address must also submit IRS Form W-8

## 4. Additional Address or Broker Dealer Information (If Applicable)

To send copies of confirms and statements for this account (optional)

Name

Street

City, State, Zip Code

Broker Dealer Rep Name

Broker Dealer Account Number

## Shareholder Account Application

Please mail (or send overnight) the completed application to:

Ensemble Fund  
c/o Mutual Shareholder Services, LLC  
8000 Town Centre Dr., Suite 400  
Broadview Hts., OH 44147

## 5. Investment Amount

Minimum Initial Investment Amounts:

- \$5,000 per regular Fund account.
  - \$1,000 with an Automatic Investment Plan.
- (for this option, also complete Sections 10 and 11)

Payment by Check (Make check payable to Ensemble Fund)

Purchase by Wire Call 1-800-785-8165 for instructions.

Ensemble Fund Total \$ \_\_\_\_\_

## 6. Distribution Options

All distributions will be reinvested into additional Fund shares unless you indicate otherwise by selecting payment by check:

Reinvest all Income Dividends and Capital Gains into my account (default).

Pay all Income Dividends and Capital Gains to me by check.

## 7. Telephone Purchase Option

**Telephone Purchase of Shares Option:** This option allows you to make additional investments (\$100 minimum per purchase) into your Ensemble Fund account(s) by phone. Upon your request, we will automatically withdraw the purchase directly from your bank account. **To select this option, you must check the box below and complete Section 11.**

I accept this option

## 8. Telephone Redemption Option

**Telephone Redemption of Shares Option:** You can sell shares of your Fund by phone (\$25,000 maximum per day) and a check will be sent to your address of record. You will not be able to redeem by telephone and have a check sent to your address for a period of 15 days following an address change. You will automatically be granted telephone redemption privileges unless you decline them by checking the box below:

I decline this option. All requests to redeem shares from this account must be submitted in writing.

## 9. Mandatory Cost Basis Reporting Requirement

Internal Revenue Service (IRS) rules require us to report cost basis on mutual fund shares acquired after January 1, 2012. These regulations were enacted as a result of the Economic Stabilization Act of 2008. As part of the new regulations, brokers and mutual fund companies are now required to provide cost basis reporting to the IRS. Below is a list of cost basis methods available to you. Please select your preferred reporting method, sign and return with your account application. You may select only ONE option. If you do not return this form, the default method of AVERAGE COST will be assigned to your account.

**IF YOU WOULD LIKE TO ELECT AVERAGE COST AS YOUR COST BASIS METHOD, THERE IS NO NEED TO ELECT A METHOD.**

Average Cost (ACST)

First In First Out (FIFO)

Last In First Out (LIFO)

High Cost First Out (HIFO)

Low Cost First Out (LOFO)

Loss/Gain Utilization (LGUT)

Specific Lot Identification (SLID)

\*Secondary Accounting Method Selection: \_\_\_\_\_

(Note: Average Cost is NOT a valid secondary method)

Application is continued on the back

## 10. Automatic Investment Plan

**Automatic Investment Program:** This option allows you to make automatic monthly or quarterly investments into your Ensemble Fund account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$1,000 per account and subsequent investments must be at least \$100 per purchase.

You must also include the bank information in Section 11.

I accept this option

Monthly or  Quarterly

Ensemble Fund \_\_\_\_\_ \$ \_\_\_\_\_  
Fund Name Amount (\$100 minimum)

Begin investment on \_\_\_\_\_ and on the 5th or 20th\*  
(month, year)  
day of the month/quarter.

\* Investments will be made on the 20th, unless you select the 5th. Your first automatic investment will become available approximately 15 days after your application is processed.

## 11. Bank Information

You must complete this section to make additional investments into your Ensemble Fund account(s) by telephone (see Section 7) or to establish an Automatic Investment Plan (see Section 10). **Please attach a voided, unsigned check or savings account deposit slip for the bank account you will be using for transfers.**

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address of Bank

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
ABA Number (Available from your bank)

( ) \_\_\_\_\_  
Bank Phone Number

This is a:  Checking Account  Savings Account

James A. Sample 123 Main Street Anywhere, USA 12345	0001
Pay to the order of:	_____ DOLLARS
<b>Attach Voided Check or Deposit Slip Here.</b> <i>We cannot establish options in Sections 7 or 9 without it.</i>	
VOID	
1 1234567890123456789012 0001	

## 12. Signatures (All Account Owners/Trustees Must Sign)

**By signing below:**

- I certify that I have received and read the current Prospectus for the Ensemble Fund and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I understand that the Ensemble Fund is not backed or guaranteed by any bank, or insured by the FDIC.
- I authorize the Ensemble 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 for this account or any account into which exchanges are made. I agree that neither the Ensemble Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

**By completing Section 11 and signing below:**

I authorize debits from the bank account referenced in conjunction with the account options selected. I agree that the Ensemble Fund shall be fully protected in honoring any such transaction. I also agree that the Ensemble Fund may make additional attempts to debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

**Under penalty of perjury, I certify that:**

- The Social Security Number or Taxpayer Identification Number shown on this application is correct.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All Owners/Trustees Must Sign. For UGMA/UTMAs, Custodian Should Sign.

    X      
Signature of Individual Owner, Trustee, Custodian, etc. Date

    X      
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

    X      
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

**If you have any questions, please call: 1-800-785-8165.**

**Please return application to:**

**Ensemble Fund  
c/o Mutual Shareholder Services, LLC  
8000 Town Centre Dr., Suite 400  
Broadview Hts., OH 44147**

### THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.