



## 2. YOUR IRA REGISTRATION (Continued)

Physical Street Address (required)	City	State	ZIP
Mailing Address (if different from your street address)	City	State	ZIP
E-Mail	Telephone (Day)	Telephone (Evening)	

## 3. DEALER INFORMATION (For Broker/Dealer Use Only)

Dealer Firm Name	Dealer Firm Number			
Branch Address	Branch Number	City	State	ZIP
Financial Advisor Name	Financial Advisor Number	Financial Advisor Authorized Signature		

## 4. TELEPHONE AUTHORIZATION

Unless telephone exchanges are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges involving an account with a corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

I (We) **DO NOT** authorize telephone exchanges.

## 5. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check or deposit slip):  *Checking Account*  *Savings Account*

Name of Bank	ABA Routing Number	Account Number		
Bank Address	City	State	ZIP	
Registration on Bank Account				

Bank Account Owner(s) Address (if different from address in section 2)	City	State	ZIP
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## 6. SYSTEMATIC INVESTMENT PLAN (Optional)

Systematic Investment Plan (you must complete Section 5)

Systematic Investment amount: \$\_\_\_\_\_ (\$100 minimum per occurrence, not to exceed \$25,000 per day)

Systematic Investment Frequency:  Monthly, on the \_\_\_\_\_ day of the month  
 Semi-Monthly, on the \_\_\_\_\_ day and \_\_\_\_\_ day of the month

*Please note: If the day chosen falls on a weekend or holiday, your investment will occur on the next business day. This privilege will be effective 3 business days after the Fund receives this application.*

## 7. BENEFICIARY DESIGNATION (Attach Additional Sheets If Necessary)

I hereby designate the following Primary Beneficiary(ies) to receive my interest in this IRA in case of my death (you may name one or more persons as your primary beneficiary). Unless otherwise designated, beneficiaries will share equally.

**Primary Beneficiaries:**

Beneficiary Name	Birth Date	Social Security Number	
Physical Street Address	City	State	ZIP Code
Relationship		Percentage	<input type="checkbox"/> Add with Per Stirpes designation

Beneficiary Name	Birth Date	Social Security Number	
Physical Street Address	City	State	ZIP Code
Relationship		Percentage	<input type="checkbox"/> Add with Per Stirpes designation

If none of the above Primary Beneficiaries are living on the date of my death, I hereby designate the following Secondary Beneficiary(ies) to receive my interest in this IRA in case of my death.

**Contingent Beneficiaries:**

Beneficiary Name	Birth Date	Social Security Number	
Physical Street Address	City	State	ZIP Code
Relationship		Percentage	<input type="checkbox"/> Add with Per Stirpes designation

Beneficiary Name	Birth Date	Social Security Number	
Physical Street Address	City	State	ZIP Code
Relationship		Percentage	<input type="checkbox"/> Add with Per Stirpes designation

**Please note: Shareholders are advised to check the requirements of state law concerning spousal beneficiary rights. Beneficiaries may be changed at any time by completing a change of beneficiary form. For any beneficiary that does not have the Per Stirpes box checked, beneficiaries will inherit a Joint Tenancy with Rights of Survivorship**

## 8. DUPLICATE STATEMENT MAILING ADDRESS (Optional)

Name			
Mailing Address	City	State	ZIP

## 9. SIGNATURE AND TAX CERTIFICATIONS

The Depositor acknowledges having received, read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Traditional and Roth IRA Plan Agreement & Disclosure and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of \$15.00 for each account.

By my signature below, I certify that:

- (1) I am not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity;  
and
- (2) The information provided by me in this application is true and correct and any documents provided herewith are genuine.

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*Signature*

*Date*

## 10. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

**Regular Mail Delivery**

Dinosaur Lisanti Small Cap Growth Fund  
P.O. Box 588  
Portland, ME 04112

**Overnight Mail Delivery**

Dinosaur Lisanti Small Cap Growth Fund  
c/o Atlantic Fund Services  
Three Canal Plaza, Ground Floor  
Portland, ME 04101

If you have any questions, please call (800) 441-7031 (toll-free)