IPO Plus Aftermarket Fund

IRA APPLICATION

For assistance in completing this application, or if you have any questions, please call us toll-free at ***1-888-476-3863.*** *Please complete both sides of this IRA Application.*

Account Registration

Name

Social Security Number ________ Birth date

Mailing Address

Street or P.O. Box

City ________ State ________ Zip

E-Mail ________ Daytime Phone ________ Evening Phone

Duplicate confirmations or broker information *(if applicable)*

Name ________ Street or P.O. Box

City ________ State ________ Zip

Type of IRA

☐ **Traditional IRA for tax year**____________

☐ **Roth IRA for tax year**____________

☐ **Roth Conversion**

☐ **Spousal IRA for tax year**____________

☐ **Roth Spousal IRA for tax year**____________
If electing Spousal IRA, the spouse must be shown as the account holder in the Account Registration section above.

☐ **Simplified Employee Pension Plan (SEP) IRA for tax year**____________

☐ **Rollover** **Please specify source**:

☐ From a Traditional IRA to a Traditional IRA
☐ From an Employer-Sponsored Simple IRA to a Traditional IRA
☐ From a Simplified Employee Pension (SEP) IRA to a Traditional IRA
☐ From a Simplified Employee Pension (SEP) IRA to a SEP IRA
☐ From another Employer-Sponsored Plan (401 (k), 403 (b), Keogh) to a Traditional IRA.

☐ From a Traditional IRA to a Roth IRA (taxable conversion)*
☐ From a Traditional IRA to a Roth Conversion IRA*
☐ From a Roth IRA to a Roth IRA
☐ From a Roth Conversion IRA to a Roth IRA
☐ From other IRA ______________ to a Roth IRA*
☐ From other IRA ______________to a Roth Conversion IRA*

☐ **Transfer of IRA or Employer Qualified Retirement Plan** from another custodian directly to the IPO Plus Fund. You did not have constructive receipt of assets; assets are a direct transfer from previous custodian. **Please also complete an IRA Transfer Request Form.**

If you are age 70 1/2 or older, you must take your required minimum annual distribution from your present IRA with the current custodian before transferring your retirement assets to the IPO Plus Fund.

* You can only place conversion amounts into a Roth Conversion IRA. If you would like to commingle contributions, please check the "Roth IRA" box above.

Initial Investment

Minimum initial investment: US $2,500. Minimum initial investment is reduced to $1,000 if you also establish a monthly Automatic Investment plan (see section on reverse side). Make check payable to: **The IPO Plus Fund**. $ ______________

Beneficiary Designation

I designate the individual named below the beneficiary of this IRA. I revoke all prior beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. (In the event of your death, if no beneficiary(ies) is (are) named or your beneficiary(ies) has (have) predeceased you, your IRA will be payable according to the Custodial Agreement and Disclosure Statement.)

Primary Beneficiary

Name ________ Relationship

Social Security Number ________ Birth date

Secondary Beneficiary

Name ________ Relationship

Social Security Number ________ Birth date

☐ Please check here if you have attached a separate sheet with additional primary and/or secondary beneficiaries. Sign and date the sheet.

Make check payable to: **The IPO Plus Fund**. Mail check along with this completed application in the postage-paid envelope, or to:

The IPO Plus Fund c/o Gemini Fund Services, LLC 4020 South 147th Street, Suite 2 Omaha, NE 68137

Continued on reverse

The IPO Plus Aftermarket Fund

Mail completed IRA application with your check to:
The IPO Plus Fund
c/o Gemini Fund Services, LLC
4020 South 147th Street, Suite 2
Omaha, NE 68137

Questions?
Call toll-free
1-888-476-3863

Automatic Investment Plan

Minimum Initial Investment is reduced to $1,000 if you also establish a monthly Automatic Investment Plan.

This option allows you to make monthly or quarterly investments (minimum $100) in your IPO Plus Fund account through a withdrawal from your bank account. Please indicate the frequency and the dollar amount. You must also complete the **Bank Information** section below. If no date is chosen, investments will be made monthly on the 20th of each month. If the investment date falls on a weekend or holiday, the investment will be made on the first business day thereafter. Your first automatic investment will begin no sooner than 15 calendar days after receipt of this IRA Application. The minimum initial investment is still $2,500.

Investment Amount $________ Frequency: ☐ Monthly ☐ Quarterly Beginning on ________ (month)

Day of Month: ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

NOTE: All IRA contributions made through the Automatic Investment Plan will be credited as contributions to the year in which the shares are purchased.

Transaction Methods

As an IPO Plus Fund shareholder you will be able to invest in and redeem shares from your IPO Plus Fund account by telephone, online and by mail. **You must have telephone transaction privileges in order to conduct online transactions.** If you choose to have online and/or telephone transaction privileges, you **must** complete the **Bank Information** section below.

Telephone Transactions

You will automatically be granted telephone redemption privileges with redemption proceeds mailed to you by check. You **must** complete the **Bank Information** section below if you would like to invest in your IPO Plus Fund account by telephone or if you would like redemption proceeds to be sent via ACH to your bank account. If you do not complete the **Bank Information** section, you will be required to submit a signature guaranteed letter of instructions signed by all registered account owners to add telephone transaction privileges in the future.

Online Transactions

To establish online transaction privileges, visit our web site at www.IPOhome.com. You **must** also complete **Bank Information** section below. You will have the ability to request online transaction privileges unless you check the box below. If you check the box below, you will be required to submit a signature guaranteed letter of instructions signed by the registered account owner to add online transaction privileges in the future.

☐ **I decline online transaction privileges**.

Information Delivery

If you wish to receive your account statements and the IPO Plus Fund's annual reports, semiannual reports, and prospectus updates in electronic rather than paper form, visit our website www.IPOhome.com. If you do not choose electronic form, all documents will be sent to you by mail.

Bank Information

You must complete this section if you would like to have online transaction privileges, exercise telephone investment privileges or have telephone redemption proceeds sent to your bank electronically. In addition, you must complete this section if you have signed up for an Automatic Investment Plan. **Please attach a blank unsigned check with VOID written across it, or a deposit slip from this bank account.**

Name of Bank ________ Bank Address ________

Account Number ________ ABA Number ________

Name(s) on Account ________ Type of Account ________

Withholding

You must select one of the options below. The distributions you receive from the IPO Plus Fund's retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect not to have Federal income tax withheld, you will be liable for payment of federal income tax on the taxable portion of the distributions. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may change your withholding election for future distributions by notifying the IPO Plus Fund in writing.

☐ **I do not** want federal income tax withheld from distributions from this account.

☐ **I want** federal income tax withheld of **10%** from distributions from this account.

☐ **I want** federal income tax withheld of ______ **%** (greater than 10%) from distributions from this account.

Spousal Consent (if applicable)

If you designate someone other than your spouse as a beneficiary and you live in a community property or marital property state, your state may require the spousal consent below. Consult your tax advisor.

I hereby consent to and join in the designation of the beneficiary(ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

Signature of spouse (if applicable) ________ Date ________

Signature and Authorization

I am of legal age and adopt the IPO Plus Aftermarket Fund's IRA, appointing UMB Bank, n.a. to act as Custodian and to perform administrative services. I have received and read the current prospectus for the IPO Plus Aftermarket Fund, the Fund in which I am making my contribution, and I have read the IRA Custodial Agreement and Disclosure Statement and agree to be bound by their terms and conditions, as they may be amended from time to time.

I understand that a $12.50 annual per account maintenance fee may be collected redeeming sufficient shares from each Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.

By completing the Bank Information section and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that The IPO Plus Aftermarket Fund shall be fully protected in honoring any such transactions. I also agree that the IPO Plus Aftermarket Fund may make additional attempts to debit/credit 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.

I authorize The IPO Plus Aftermarket Fund and its agents to act upon instructions (by phone, online, in writing or by other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account. I agree that neither The IPO Plus Aftermarket Fund, the transfer agent nor **new name**. 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.

Under penalty of perjury, I certify that the Social Security Number shown on this application is correct.

X ________

Signature of Individual Owner *Date*