



Appleton Group PLUS Fund IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail To: Appleton Group PLUS Fund
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Appleton Group PLUS Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **1-866-993-7767** or visit us on the web at **www.appletongroupfunds.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. 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 Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Investor Information

| | | |
|--|------------------------------------|--------------------|
| _____ FIRST NAME | _____ M.I. | _____ LAST NAME |
| _____ SOCIAL SECURITY NUMBER | _____ BIRTH DATE (Mo / Dy / Yr) | |
| _____ DRIVER'S LICENSE OR STATE I.D. NUMBER | _____ STATE OF ISSUE | |

2. Permanent Street Address

(Residential Address or Principal Place of Business –
No P.O. Box addresses or foreign addresses)

| | | |
|-------------------------------|-------------------------------|-------------------|
| _____ STREET | _____ APT./SUITE | |
| _____ CITY | _____ STATE | _____ ZIP CODE |
| _____ DAYTIME PHONE NUMBER | _____ EVENING PHONE NUMBER | |

Mailing Address (if different from Permanent Street Address)
If completed, this address will be used as the Address of Record for all statements, checks, and required mailings. No foreign addresses.

| | | |
|-----------------|---------------------|-------------------|
| _____ 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.

| | | |
|-----------------|---------------------|-------------------|
| _____ 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.

| | | |
|-----------------|---------------------|-------------------|
| _____ NAME | | |
| _____ STREET | _____ APT./SUITE | |
| _____ CITY | _____ STATE | _____ ZIP CODE |

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

Traditional IRA Account

- For tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)

IRA Rollover Account

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
Please check the type of qualified plan:
 Corporate Pension PSP 401(k) 403(b) Other _____

ROTH IRA Account

- For tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)

SEP (Simplified Employee Pension Plan) – Each employee must complete an *IRA Application*.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

SIMPLE IRA (Be sure to complete Section 9)

4. Investment Choices

- By check: Make check payable (for minimum of \$2,500) to **Appleton Group PLUS Fund**. \$ _____
*Note: Cash, money orders, third party checks, Treasury checks, credit card checks, travelers' checks and starter checks will **not** be accepted. Generally, if paying by cashier's check, the amount must be at least \$10,000.*
- By wire: Call 1-866-993-7767. A completed application is required in advance of a wire.
Indicate amount of wire \$ _____

5. Telephone and Internet Options

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

- Exchange** (\$1,000 minimum) – permits the exchange of shares between identically registered accounts
- Purchase (EFT)** (\$100 minimum) – permits the purchase of shares from your bank account.
Attach a voided check or savings deposit slip to Section 7.
- E-mail Address** – permits the Fund to send you Fund updates

6. Automatic Investment Plan

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

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

| Amount per Draw (\$50.00 Minimum) | AIP Start Month | AIP Start Day | Frequency |
|--------------------------------------|-----------------|---------------|-----------|
| \$ _____ | _____ | _____ | _____ |

Please keep in mind that:

- There is a 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.
- There is a \$50 minimum investment.

7. Voided Check for Bank Information

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

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).



**ATTACH VOIDED CHECK OR
PREPRINTED SAVINGS DEPOSIT
SLIP HERE**

8. Beneficiary Information *(If you need more space, please enclose a separate sheet of paper.)*

Primary

| | | | | | |
|------|--------------|--------------------|------------------------|-----|---|
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |

Secondary

| | | | | | |
|------|--------------|--------------------|------------------------|-----|---|
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |
| NAME | RELATIONSHIP | CITY / STATE / ZIP | SOCIAL SECURITY NUMBER | DOB | % |

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____
SIGNATURE OF SPOUSE DATE

9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Appleton Group PLUS Fund's Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for Appleton Group PLUS Fund (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify the Appleton Group PLUS Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

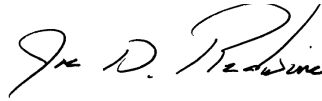
I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively, "Appleton Group PLUS Fund") 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. Appleton Group PLUS Fund 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.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



10. SIMPLE IRA

Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE NUMBER

11. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

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 your check made payable to Appleton Group PLUS Fund?
- Included a voided check, if applicable?
- Signed your application in Section 8?