



New Account Application

Please do not use this form for IRA accounts.

Mail to: FIMCO Select Fund
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: FIMCO Select Fund
c/o US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-866-653-4626** or visit our website **www.fimcofunds.com**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 at the current day's net asset value.

1. Investor Information – Select one

Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____
Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

Gift to Minor

CUSTODIAN'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
(ONLY ONE PERMITTED)

CUSTODIAN'S SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

MINOR'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
(ONLY ONE PERMITTED)

MINOR'S SOCIAL SECURITY NUMBER _____ MINOR'S STATE OF RESIDENCE _____

Corporation/
Trust *

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION _____

Partnership*

NAME(S) OF TRUSTEE(S) _____

Other Entity*

SOCIAL SECURITY NUMBER / TAX ID NUMBER _____ DATE OF AGREEMENT (Mo / Dy / Yr) _____

* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

IMPORTANT !!

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2. Permanent Street Address (PO Box is not acceptable)
(Residential Address or Principal Place of Business)

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (if different from Permanent):
If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

NAME _____

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. Investment and Distribution Options

The Fund's initial investment requirement is \$10,000

- By check: Make check payable to: FIMCO Select Fund
\$ _____ (\$10,000 Minimum)
- By wire: Call 1-866-653-4626. Indicate amount of wire: \$ _____
Note: A completed application must be received in advance of a wire.
- Reinvest all Dividend and Capital Gain Distributions
- Reinvest all Dividend Distributions and Send Capital Gain Distributions in Cash
- Send Dividend and Capital Gain Distributions in Cash

*If nothing is selected, distributions will be reinvested.
Cash distributions will be sent to the Address of Record given in Section 2 unless otherwise indicated.*

4. Automatic Investment Plan

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

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.

Please keep in mind that:

- There is a \$25 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.

Amount per Draw
(\$250 minimum)

AIP Start Month

AIP Start Day

\$ _____

5. Telephone and Internet Options

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

- Redemption** – permits the transfer of funds via:
 - Check to address in section 2
 - Federal wire to your bank account below (\$15.00 charge for each wire)*
 - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT)** (\$1,000 minimum) - permits subsequent on-demand purchase of shares from your bank account.*

*

If you selected any of these options, please attach a voided check or savings deposit slip to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.

6. Systematic Withdrawal Plan

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

Systematic Withdrawal Plan (\$50 minimum and \$10,000 account value minimum) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 2
- Payments will be deposited directly into your bank account. Please attach a voided check to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments Monthly Quarterly Annually starting with the month given here:

Amount per Withdrawal

SWP Start Month

SWP Start Day

\$ _____

7. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH
VOIDED CHECK
HERE

