

# THE APEX MID CAP GROWTH FUND

## INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

### HOW TO OPEN AN "APEX IRA ACCOUNT"

1. Read the Fund prospectus, the IRA Custodial Account Agreement, and the IRA Disclosure Statement.
2. Complete this account application form.
3. If your IRA is with another Custodian, we will transfer the account directly to an Apex IRA with U.S. Bank N.A. as Custodian. Simply complete this application, checking the "Transfer" box, and also complete the Authorization to Transfer Retirement Account Form. We will handle the transfer of assets for you.
4. Two checks should be enclosed:  
The first check, in the amount of \$8, represents an annual maintenance fee. This check should be payable to the "IRA Custodian, U.S. Bank N.A.". These fees are per customer, not per the number of funds you invest in with Apex. If you do not enclose this check, the fees will be deducted from your investment amount. These fees are subject to change.  
The second check, payable to "Apex Mid Cap Growth Fund", will represent your IRA investment. The minimum initial investment is \$1,000. If you are requesting a transfer of assets, please enclose only the first check.
5. Send the completed application and, if applicable, the Authorization to Transfer Retirement Account Form, along with your check(s) to The Apex Mid Cap Growth Fund, c/o Mutual Shareholders Services, LLC, 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147 Tel: 877 593 8637 Fax: 440 526 4446 Email: ggetts@mutualss.com
6. Retain the Disclosure Statement for your files.
7. For assistance, call Mutual Shareholders Services at 877 593 8637. Fax: 440 526 4446 Web: [www.apexfund.net](http://www.apexfund.net)

---

### 1. Type of Account (Select appropriate boxes)

Select One:

- Regular IRA Current Tax-Year \_\_\_\_\_ Contribution \$ \_\_\_\_\_
- Spousal IRA
- SEP IRA Prior Tax-Year \_\_\_\_\_ Contribution \$ \_\_\_\_\_
- SAR IRA
- Direct Rollover from an Employer's qualified plan or 403(b) plan
- Rollover (indicate source of funds below - select one)
- From an Employer's qualified plan or 403(b) plan
- From a Regular (contributory) IRA or a SEP-IRA
- Direct transfer of Assets from another IRA \$ \_\_\_\_\_ (An Authorization to Transfer Retirement Account Form must also be completed).
- Roth IRA

---

### 2. Investor Information

---

Your Name	Your Social Security Number	
<hr/>		
Your Mailing Address	Home Phone	Business Phone
<hr/>		
City	State Zip	Your Birthdate

---

### 3. Beneficiary Designation

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

#### Primary Beneficiary

---

Name	Percent
------	---------

---

Relationship	Date of Birth	Soc. Sec. No.
--------------	---------------	---------------

#### Secondary Beneficiary

---

Name	Percent
------	---------

---

Relationship	Date of Birth	Soc. Sec. No.
--------------	---------------	---------------

**Spousal Consent (For use in community or marital property states)**

(This section should be reviewed if either the Trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the custodian nor the Sponsor will be liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the accountholder any interest I have in the Funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness for Spouse

\_\_\_\_\_  
Date

---

**4. Investment Instruction**

The Apex Mid Cap Growth Fund

---

**5. Telephone Exchange Privilege**

Fund exchanges: This authorizes exchanges between identically registered accounts among Apex Funds upon instructions from shareholder or dealer of record by telephone.

If you do not want telephone exchange privileges, check here.

---

**6. Broker / Dealer Information**

I (we) hereby authorize Bhirud Associates, Inc. as my (our) agent in connection with transactions on this account and agree to notify the Distributor of any purchases made under the Cumulative Discount Program or Letter of Intent.

Investment Dealer Name \_\_\_\_\_

Branch Office Address \_\_\_\_\_

Branch # \_\_\_\_\_ Representative's # \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Referred By \_\_\_\_\_

---

**7. IMPORTANT: PLEASE READ BEFORE SIGNING**

By signing this Application to establish an IRA, the undersigned: (1) establishes an Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all terms of the Custodial Agreement on Form 5305A; (2) certifies that all contributions to the IRA meet the requirements of the Code governing such contributions; (3) appoints U.S. Bank N.A., or its successors, as Custodian of the Account; (4) states that he or she has received, read, accepts and specifically incorporates herein the Custodial Agreement on Form 5305A and the IRA Disclosure Statement; (5) agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement and (6) agrees that he or she has received and read the Prospectus for the investment(s) selected and that this account will be subject to the Custodial Agreement as amended from time to time.

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number and that I have not been notified by the IRS that I am subject to back-up withholding.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodian: U.S. Bank N.A.

\_\_\_\_\_  
Date