



SIMPLE IRA APPLICATION

PERKINS DISCOVERY FUND

Mail to: Perkins Discovery Fund
c/o Commonwealth Fund Services, Inc.
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Use this *SIMPLE IRA Application* to open a SIMPLE IRA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application, please call 1-800-673-0550.

Check here if amendment.

PART I: SIMPLE IRA OWNER INFORMATION

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select All That Apply):

- Elective Deferral Amount: _____ Tax Year: _____
- Employer Match Contribution Amount: _____ Tax Year: _____
- Employer Nonelective Contribution Amount: _____ Tax Year: _____
- Direct Transfer (Note: Select this option only if you are transferring assets from another SIMPLE IRA)
- Rollover (Note: Select this option only if you are rolling over assets from another SIMPLE IRA)
- Recharacterization Amount: _____ Tax Year: _____
- Other Explain: _____

PART III: INVESTMENT SELECTION

Name of Investment

Perkins Discovery Fund

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART IV: PAYMENT METHOD

You can open your account using any of these methods. Please check your choice:

- By Check** Enclose a check payable to the Perkins Discovery Fund for the total amount.
- By Wire** For wire instructions call 1-800-673-0550.
- From Employer** Contributions will be forthcoming from my employer.
- Other** _____

PART V: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, your SIMPLE IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive

you. If no primary beneficiaries are living when you die, your SIMPLE IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse nonspouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Address: _____

Addendum attached and signed for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

PART VI: SPOUSAL CONSENT

Complete this section only if you, the SIMPLE IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the SIMPLE IRA owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART VII: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

PART VIII: FOR DEALER USE ONLY

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Supervisor's Full Name: _____

Supervisor's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

PART IX: MAILING INSTRUCTIONS

Please send completed form to: Commonwealth Fund Services, Inc. 8730 Stony Point Pkwy, Suite 205, Richmond, VA 23235

PART X: SIMPLE IRA EMPLOYER INFORMATION

Name of Employer: _____ Contact Person: _____ Phone Number: _____

Employer's Address: _____ Plan Effective Date: _____

PART XI: EMPLOYEES, FAMILY AND AFFILIATES

Are you an employee, or family member of an employee of the Perkins Discovery Fund or its affiliates? Yes No

Please indicate your relationship _____

PART XII: ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the SIMPLE IRA Owner.)

By signing this *SIMPLE IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian (UMB Bank, n.a. at 1010 Grand Boulevard, Kansas City, MO, 64141) may rely on what I have provided. In addition, I have read and received copies of the *SIMPLE IRA Application, IRS Form 5305-SA, Disclosure Statement and Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

X _____ Date: _____

Signature of SIMPLE IRA Custodian Representative:

X _____ Date: _____