

Leigh Baldwin Total Return Fund

IRA Application

For assistance on
completing this form
Call 1-800-869-1679

Please print or type

1 IRA OWNER INFORMATION

Name _____ Date of Birth _____ Soc. Sec. No. _____
 Street Address _____ City _____ State _____ ZIP _____
 State of Residence _____ Citizen or permanent resident of USA? Yes No If no, country of residence _____
 Daytime Phone _____ Evening Phone _____ Employers Name _____

2 CONTRIBUTION INFORMATION

Amount to be invested in Leigh Baldwin Total Return Fund: \$ _____
 INITIAL CONTRIBUTION TYPE:

Type:	Amount:	Tax Year (if applicable):
<input type="checkbox"/> Regular / Spousal IRA	\$ _____	_____
<input type="checkbox"/> SEP IRA	\$ _____	_____
<input type="checkbox"/> Rollover from IRA	\$ _____	_____
<input type="checkbox"/> Transfer from IRA	\$ _____	_____
<input type="checkbox"/> Rollover from SIMPLE IRA (SRA)*	\$ _____	_____
<input type="checkbox"/> Transfer from SIMPLE IRA (SRA)*	\$ _____	_____
<input type="checkbox"/> Rollover from QP or TSA	\$ _____	_____
<input type="checkbox"/> Direct Rollover from QP or TSA	\$ _____	_____
<input type="checkbox"/> Rollover for Roth IRA	\$ _____	_____

ACCOUNT TYPE:
 Regular / Spousal Conduit
 SEP IRA
 Rollover
 Transfer
 Roth IRA

*Note: If you are moving assets from a qualified plan or TSA and do not want to commingle these assets with regular IRA contributions select this option

3 DESIGNATION OF BENEFICIARY

In the event of my death, pay my IRA balance to the following primary beneficiary(ies): (See the Instructions for additional conditions.)

Name	SSN or TIN	Relationship	Date of Birth	Address (optional)	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiary(ies): Total: 100

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If no percentage rate is indicated, the beneficiaries will share equally. Total: 100

4 SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence and I agree that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint The Huntington National Bank to act as Custodian of my account. I indemnify The Huntington National Bank, when making distributions in accordance with my beneficiary designation or on file or in accordance with the Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and the IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are the insured by the FDIC.

IRA OWNER'S Signature Date

The Huntington National Bank Date

The Huntington National Bank accepts this application and agrees to act as Custodian of the account.

A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian/s acceptance

Complete only if required by state law

Spousal Consent: I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

Spouse's Signature Date

Please return application to: c/o: Mutual Shareholder Services, LLC
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

Make check payable to: Leigh Baldwin Total Return Fund

Leigh Baldwin Total Return Fund

Application to Buy Shares Page Two

6 Automatic Investment Plan

YES, I/We want to institute the Automatic Investment Plan

Permits you to initiate automatic transfers to your Leigh Baldwin Total Return Fund account from your bank, savings and loan, or credit union using the ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check.

Financial institution account number: _____, phone number: _____

Amount \$ _____ (minimum \$100.00)

Frequency: Monthly Bi-Monthly Quarterly

Day for Investment: 5th 20th

It is understood that this authorization may be terminated by me/us at any time by written notification to the Leigh Baldwin Total Return Fund. The termination request will be effective as soon as the Leigh Baldwin Total Return Fund has had reasonable time to act upon it.

7 Duplicate Confirmations and Statements

Please send duplicate confirmations and statements to:

Name: _____

Address: _____

City / State / Zip: _____

If Broker-Deal / Advisor:

Rep Name: _____

Branch / Rep #: _____

Phone: _____
