

# Leigh Baldwin Total Return Fund

## Roth 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):  
 Regular / Spousal IRA \$ \_\_\_\_\_  
 SEP IRA \$ \_\_\_\_\_  
 Rollover from IRA \$ \_\_\_\_\_  
 Transfer from IRA \$ \_\_\_\_\_  
 Rollover from SIMPLE IRA (SRA)\* \$ \_\_\_\_\_  
 Transfer from SIMPLE IRA (SRA)\* \$ \_\_\_\_\_  
 Rollover from QP or TSA \$ \_\_\_\_\_  
 Direct Rollover from QP or TSA \$ \_\_\_\_\_  
 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 U.S. Bank N.A. to act as Custodian of my account. I indemnify U.S. Bank N.A. 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.

X \_\_\_\_\_

IRA OWNER'S Signature Date

X \_\_\_\_\_

U.S. Bank N.A. Date

U.S. Bank N.A. 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.

X \_\_\_\_\_

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