

# Rational Funds

## NEW ACCOUNT APPLICATION INSTRUCTIONS

### INVESTOR INFORMATION

As an investor, you are responsible for selecting a form of ownership that complies with the laws of your state of residence. Consult your investment professional or an attorney if you need assistance.

1. **Individual** – An account that represents one adult’s self-controlled investment.
2. **Joint Accounts** are owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the New Account Application. If you do not, Joint Tenants with Rights of Survivorship will apply to your account.
  - **Joint Tenants with Rights of Survivorship (JTWROS)** – Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
  - **Tenants in Common (TEN COM)** – Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Application, please enter the percentage of ownership next to each tenant’s name.
  - **Tenants by the Entirety (TEN ENT)** – This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.
3. **Uniform Gift to Minor’s Act or Uniform Transfer to Minor’s Act (UGMA or UTMA)** – One adult serves as custodian to oversee an investment for one minor. The custodian has authority, controlling the account for the child’s benefit until the child reaches the age of majority.
4. **Trust Under Agreement or Will** – An agreement that appoints a trustee to manage property in the best interest of another or to administer a trust according to the terms of a will. A copy of the trust or the trust document pages that identify the name of the trust, the date of the trust, the trustee(s) name, and the signature page of the trust must be provided to establish the account. In addition, please provide the street address for the trustee(s) listed on the account for identification purposes.
5. **Corporation, Partnership or Other Business Entity** –
  - **Corporation** – The word “Incorporated”, “Corporation”, or the abbreviation “PC” is included in the name of the organization. A Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days must be provided to establish the account. If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity’s form of organization is required.
  - **Partnership** – The word “Partnership” is included in the name of the organization. Partnership document or equivalent document confirming the existence of the entity and the individuals who have authorization to trade on behalf of the account are required to establish the account. If the entity is registered with a state corporation agency, A Good Standing Certificate with certified stamp/seal of the appropriate state agency is acceptable.
  - **Retirement Plan**- Only to be used if it is **not** a Unified Financial Securities sponsored retirement account. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account.
  - **Other Business Entity**- Including non-profit and non-exempt organizations. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account. Contact us to determine if additional documentation is required to open your account type.

**\*NOTE: Do not use this application to open any Unified Financial Securities sponsored retirement account. Please contact us to request the appropriate application.**

### FUND SELECTION AND INITIAL INVESTMENT

The initial investment minimum is \$1,000. Please refer to the prospectus for additional information on the Fund minimums. Indicate your Fund Selection, Investment Amount, and Employee Information (if applicable) below in *Part II*. Make the check payable to Rational Funds. Third party checks, counter checks, starter checks, traveler’s checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable. Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

### QUESTIONS?

If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-253-0412.

# Rational Funds

## NEW ACCOUNT APPLICATION

**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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), 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 transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. **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 or how to invest, please call Shareholder Services at 1-800-253-0412.

### PART I: INVESTOR INFORMATION (\*Denotes Required Information)

The completion of this section is **REQUIRED**.

- Please **do not** use this application for any type of retirement account. A separate account application is available for those types of accounts.
- To open any **ONE** of the following types of accounts – Please check the appropriate box.

Individual or Joint Account  Joint Tenants with Rights of Survivorship  Tenants in Common no Rights of Survivorship  Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S. Citizen  Resident Alien (Country) \_\_\_\_\_  
 For mailing outside of U.S., provide: \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Co-Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Co-Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

U.S. Citizen  Resident Alien (Country) \_\_\_\_\_  
 For mailing outside of U.S., provide: \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**PART I: INVESTOR INFORMATION-CONTINUED (\*Denotes Required Information)**

**Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)**

Minor's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide: \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Custodian's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide: \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Successor Custodian's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apt # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide: \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**\*NOTE:** Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).



**Corporation, Partnership, Retirement Plan, or Other Business Entity**

**Required** – All registrations require documentation confirming the existence of the entity and proof of the individuals who have authorization to act on behalf of this account along with these individuals identifying information. Please refer to the instruction sheet on the first page of this application for all other required identifying documentation.

This application must be signed and completed for **all** corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account. If you require additional space, please include information on a separate sheet of paper.

**Type of Entity:**

- Corporation       Partnership       Retirement Plan (Non-Unified Financial Securities, Inc. sponsored retirement accounts only)  
 Other: (specify) \_\_\_\_\_

If publicly traded, Exchange Number: \_\_\_\_\_ CUSIP: \_\_\_\_\_ Ticker Symbol: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation, Partnership or Other Entity\*      Entity's Tax Identification Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Mailing Address (if different than above)      Apt #      City      State      Zip Code

\_\_\_\_\_  
Name of First Authorized Signor\*      (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Daytime Phone\*      Evening Phone

\_\_\_\_\_  
Name of Second Authorized Signor\*      (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apt #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Daytime Phone\*      Evening Phone

**PART II: FUND SELECTION, INITIAL INVESTMENT AND EMPLOYEE INFORMATION (IF APPLICABLE)**

*The completion of this section is REQUIRED.*

**A. EMPLOYEE INFORMATION:**

1. Are you an employee of Rational Funds or any of its subsidiaries?       Yes       No

Are you an immediate relative of a Rational Funds employee?       Yes       No

If yes, name of employee: \_\_\_\_\_

2. Do you have an existing Rational Fund account? If so, please list the account number(s): \_\_\_\_\_

**PART II: FUND SELECTION, INITIAL INVESTMENT AND EMPLOYEE INFORMATION (IF APPLICABLE)-CONTINUED**

Select the fund(s) you want to invest in now. Refer to the prospectus for additional purchase requirements. Choose the appropriate share class for your investment. Next to the fund name, indicate the amount of your investment. Indicate the **TOTAL** amount you are investing.

**B. FUND CHOICE:**

Name of Investment	Class A Shares	Institutional Shares	Class C Shares
Rational Dividend Capture Fund	\$ _____	\$ _____	\$ _____
Rational Risk Managed Emerging Markets Fund	\$ _____	\$ _____	\$ _____ N/A _____
Rational Real Strategies Fund	\$ _____	\$ _____	\$ _____ N/A _____
Rational Defensive Growth Fund	\$ _____	\$ _____	\$ _____
Rational Strategic Allocation Fund	\$ _____	\$ _____ N/A _____	\$ _____ N/A _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

**\*Note:** The initial investment minimum is \$1,000. \*Proceeds from redemptions of shares purchased by Check, ACH, or SIP may not be available for up to 15 business days.

**PART III: Cost Basis Election**

The Rational Funds are responsible for tracking and reporting to the IRS adjusted cost basis on covered shares for mutual fund purchases on or after *January 1, 2012*. We will apply Rational Funds' default cost basis reporting method of Average Cost to all applicable funds and accounts that are not listed or for which a method is not selected.

**Option 1:**  I choose the following cost basis method for all funds under the above account number:

- Average Cost                       First In, First Out (FIFO)                       Last In, First Out (LIFO)  
 High Cost                               Low Cost     Specific ID

**Option 2:**  I choose to apply the cost basis method(s) selected below to the following fund(s) held within the above account number:

- Fund \_\_\_\_\_  Average Cost     First In, First Out (FIFO)     Last In, First Out (LIFO)  
 High Cost                       Low Cost     Specific ID
- Fund \_\_\_\_\_  Average Cost     First In, First Out (FIFO)     Last In, First Out (LIFO)  
 High Cost                       Low Cost     Specific ID

**Average Cost** – Uses the average cost of the shares as the basis for redemptions to calculate capital gains and losses. To determine the holding period for the shares, average cost uses the First-In, First-Out method. The Average Cost method is available only for mutual funds.

**First-In, First-Out (FIFO)** – Shares acquired first in the account are the first shares depleted to determine cost basis.

**Last-In, First-Out (LIFO)** – Shares acquired last in the account are the first shares depleted to determine cost basis.

**High Cost** – Shares acquired with the highest cost per share in the account are the first shares depleted to determine cost basis.

**Low Cost** – Shares acquired with the lowest cost per share in the account are the first shares depleted to determine cost basis.

**Specific ID** – Shares specifically identified by the shareholder at the time of the sale are sold or redeemed first.

**PART IV: DIVIDEND AND CAPITAL GAINS OPTIONS**

*The completion of this section is REQUIRED.*

If you do not mark one for each of the following selections, all dividends and capital gains will be reinvested in the same fund that paid them.

Dividends	Short-Term Capital Gains	Long-Term Capital Gains
<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VIII</i> )	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VIII</i> )	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VIII</i> )

**PART V: REDUCED SALES CHARGE**

\*When you make the purchase, you or your investment professional need to notify the Funds or the Funds transfer agent of your total holdings in the funds for a reduced sales charge to apply.

**Rights of Accumulation-** I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.

**Letter of Intent-** To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

- \$50,000     \$100,000     \$250,000     \$500,000     \$750,000     \$1,000,000

Listed below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

\*Note: If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

**PART VI: TELEPHONE EXCHANGE AND REDEMPTION PRIVILEGE**

The completion of this section is *OPTIONAL*.

Your signature in Part XIII will allow you to: a) Exchange shares or dollars between your Rational Funds accounts having the SAME registration; and b) REDEEM or PURCHASE shares or dollars by automated or verbal telephone request. In the case of exchanges among non-money market funds, a capital gain or loss may be realized upon exchange. The proceeds from redemptions will be deposited to the bank account designated in Part IX (please complete Part IX for this service) or may be mailed to the address of record on your account by request.

- By checking this box, I accept the terms of the Telephone Exchange and Redemption Privilege stated above.
- I understand that this privilege may be modified or discontinued at any time. I understand that Rational Funds Shareholder Services may act on any request from me or any person claiming to act on my behalf and providing my account number and registration.

**PART VII: SYSTEMATIC INVESTMENT PROGRAM**

The completion of this section is *OPTIONAL*.

**Systematic Investment Program** - This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH\* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$50 (\$25 for Rational Fund employees) minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part IX*.

I authorize the Rational Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually     Semi-Annually     Quarterly     Twice Each Month     Monthly     Other (Check months below)
- January     February     March     April     May     June
- July     August     September     October     November     December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

\*Note: Your Rational Funds account will be credited on or about three (3) business days after the date you indicate for systematic investments. Proceeds from redemptions of shares by Check, ACH, or SIP may not be available for up to 15 business days.





## PART X: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PART XI: HOUSEHOLDING

To reduce the number of duplicate fund documents investors receives in the mail, to lessen paper waste and environmental impact, the Funds or their transfer agent uses "Householding". If two or more members of a household with the same last name own separate accounts in the Rational Fund family, the Funds or their transfer agent can consolidate mailings to that address by sending one:

- Consolidated Account Statement
- Consolidated Trade Confirmation
- Prospectus
- Annual or Semi-Annual Report

Each account receives a separate proxy card. You may add or remove householding at anytime by calling the funds or their transfer agent at the number listed on the first page of this application. Your account will be updated within 30 days of your call.

Yes, please household.

If yes, please provide account numbers of accounts to be householded: \_\_\_\_\_

No, please do not household.

## PART XII: SIGNATURES AND CERTIFICATION

*The completion of this section is REQUIRED.*

By signing, you will be eligible to receive all services authorized on this form. All listed Shareowners/authorized Officers and Trustees must sign below in accordance with the new account registration; Agents or Corporate Officers should include their titles.

By signing, I/we certify that:

(a) I have received and read the prospectus for each Fund in which I am investing and agree to be bound by the terms thereto, I am of legal age in my state and have the authority and legal capacity to purchase mutual fund shares. I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares; and I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

(b) I authorize the Funds, their distributor, the transfer agent, administration and all their affiliates to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense.

(c) I understand that I may terminate any service at any time by calling or writing Rational Funds Shareholder Services.

(d) I certify that I am eligible to engage in the cost basis method election(s) requested on this form and that I have the authority to act on the account(s). I also assume complete responsibility for the tax consequences of the cost basis method election(s) I have made.

(e) Under penalty of perjury, I certify that I have given the correct Social Security (Tax I.D.) Number. If I fail to give the correct number or sign this form, I will be subject to IRS backup withholding of 20% of all payments and redemptions.

(f) Under penalty of perjury, I certify that I am NOT currently subject to IRS backup withholding because (1) I have not been notified, or (2) notification has been revoked. (Cross out "NOT" above if you are currently subject to withholding.)

(g) Under penalty of perjury, I certify that I am a U.S. person (including a U.S. resident alien.)

(h) This account is not for the benefit of a foreign financial institution, as defined by the US Internal Revenue Service in its FATCA regulations, as Rational Funds does not open such accounts. Foreign financial institutions include foreign banks; the foreign offices of financial institutions; and non-U.S. entities that are securities broker-dealers, futures commission merchants, mutual funds, currency dealers or exchangers or money transmitters.

**PART XIII: SIGNATURES AND CERTIFICATION- CONTINUED**

I acknowledge that Rational Funds are not deposits or obligations of, nor guaranteed by any of their affiliates, nor are they insured by the F.D.I.C., The Federal Reserve Board or any other government agency. Investments in shares of the funds involves investment risk, including possible loss of principal.

**Please Sign Here:**

**X** \_\_\_\_\_  
Signature of Shareowner, Custodian, Corporate Officer, or Trustee, Date  
(exactly as it appears in Part I, Corporate Officers include title).

**X** \_\_\_\_\_  
Signature of Shareowner, Custodian, Corporate Officer, or Trustee, Date  
(exactly as it appears in Part I, Corporate Officers include title).

New Technology Medallion Signature Guarantee Stamp if Necessary (see Part X)



**FOR INVESTMENT PROFESSIONAL USE ONLY**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Representative's Branch Office Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Representative Number

**X** \_\_\_\_\_  
Representative's Signature

**X** \_\_\_\_\_  
Supervisor's Signature

**APPLICATION CHECKLIST**

- Completed all required sections of the application (*Parts I, II, III, XIII*)
- Provided account owner name, residential address, date of birth and Social Security Number or Tax Identification Number for all individuals listed on the application
- Included all identifying documents for non-individuals or entity registrations
- Enclosed check which meets the fund(s) minimum and is made payable to Rational Funds
- Provided all required signatures
- Completed bank information for Systematic Investment Program or Systematic Withdrawal Program via ACH options and enclosed a preprinted voided check or savings deposit slip

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Rational Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Rational Funds  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208