

**CERTIFICATION STATEMENT
PURCHASE AT NET ASSET VALUE**

Rational Funds

If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

<hr/> Owner's Name* (First, M.I., Last)	<hr/> Date of Birth*	<hr/> Social Security Number*		
<hr/> Street Address (Physical Address)*	<hr/> Apartment #	<hr/> City*	<hr/> State*	<hr/> Zip Code*
<hr/> Daytime Phone*	<hr/> Evening Phone			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country)	<hr/> Account Number (if known)			

PART II: NAV REASON

I certify that my purchase is exempt from sales charge for the following reason:

- Through an investment professional that does not accept a sales commission from the Distributor.
- Through the automatic reinvestment of dividends and capital gains distributions.
- By current and former/retired Trustees and officers of the Trust, their spouses and immediate family members.
- By current officers, directors and employees of Rational Funds or its subsidiaries, their spouses and immediate family members and by current employees of other financial institutions with which Rational Funds or its subsidiary has entered into definitive merger agreements ("Current Employees").
- By retired officers and employees of HBI or its subsidiaries and their spouses.
- By participants in certain financial services programs offered by HBI subsidiaries.
- By members of certain affinity groups which have entered into arrangements with the Advisor or the Distributor.
- By investors who have sold an equal or greater amount of Shares of an Equity or Income Fund within the last 60 days (not available more than once).

PART III: SIGNATURE

I am, therefore, eligible to purchase shares of the Rational Funds at net asset value. I understand the Fund has the right to revoke this privilege at any time, and the intentional abuse of this privilege may result in the application of the retroactive sales charge or other penalties at the discretion of the Fund. I understand that a new certification statement will be required when I make a firm or institutional change.

Print Name and Title

Firm Name and Number

Representative Number

Social Security Number

Signature

Branch and Branch Number

Address

City, State, Zip Code

Date

Telephone Number

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