HSA APPLICATION

Rational Funds

Use this HSA Application to open a Health Savings Account.

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: HSA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

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 _____

Daytime Phone* _____ Evening Phone _____

☐ U.S. Citizen ☐ Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence _____ Province _____ Foreign Routing/Postal Code _____

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: _____

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

PART II: EMPLOYER'S INFORMATION (FOR HELP CONSULT YOUR INSURANCE OR EMPLOYER REPRESENTATIVE)

Employer's Name* _____ Name of Contact* _____ Employer Identification Number* _____

Mailing Address* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____

PART III: CONTRIBUTION INFORMATION

Source of Funds (Select One)

☐ Regular Current Year Amount: _____ Carryback* Amount:_____ Tax Year: _____

☐ Catch-up (age 55+) Current Year Amount: _____ Carryback* Amount:_____ Tax Year: _____

☐ Transfer Source: ☐ HSA ☐ MSA ☐ Other (Specify) _____

☐ Rollover Source: ☐ HSA ☐ MSA ☐ Other (Specify) _____

☐ Other (Specify) _____

* A carryback contribution is made in one tax year and credited for the prior tax year. It must be made by your tax filing due date, excluding extensions. Contributions made to your HSA will be for the current year unless you specify prior year.

PART IV: INVESTMENT SELECTION

***Note**: The initial investment minimum is $1,000. Refer to the prospectus for additional purchase requirements.

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_____
TOTAL:	$_____	$_____	$_____

PART V: REDUCED SALES CHARGE

☐ **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: ACCOUNT SERVICE OPTIONS FOR YOUR HSA

The completion of this section is OPTIONAL.

☐ **Systematic Investment Program (SIP)** – 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. ***Important*: Contributions made to your HSA using SIP will be for the *current tax year*.** Keep this in mind for investments made from January 1 through April 15.

I authorize 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 (1st, 15th, etc.) _____

Fund_____ Amount $ _____ Day of Month (1st, 15th, etc.) _____

PART VI: ACCOUNT SERVICE OPTIONS FOR YOUR HSA-CONTINUED

Bank Account Information

Provide information about your checking or savings account to establish a Automatic Investment Plan by ACH. Please select one of the following:

☐ Attach a voided check or deposit slip for your bank account. ***Please use tape; do not staple***.

☐ Provide information about your bank account below.

Enter your checking or savings account information:

_____ Bank Name	_____ Bank Phone Number
_____ Bank Address	_____ ABA Routing Number
_____ City	_____ State _____ Zip
_____ Name(s) on Bank Account	_____ Bank Account Number

Account Type: ☐ Checking ☐ Savings

PART VII: HSA ELIGIBILITY CERTIFICATION

I am eligible to establish an HSA and certify the following. (All must be answered "yes" to be eligible to establish an HSA to receive regular contributions).

1.	I am not able to be claimed as a dependent on someone else's tax return.	☐ Yes	☐ No
2.	I am covered under a qualifying High Deductible Health Plan (HDHP), effective _____	☐ Yes	☐ No
3.	I am not covered under any other insurance plan that is not an HDHP (with limited exceptions).	☐ Yes	☐ No
4.	I am not enrolled in Medicare.	☐ Yes	☐ No

***NOTE**: Eligibility is determined on the first day of each month. If you are not an eligible individual for all 12 months of a year, the annual contribution limit may be prorated. For assistance in determining your eligible contribution amount, consult your tax advisor.

PART VIII: 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 HSA 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 HSA 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 designation in a form acceptable to the Trustee/Custodian and by providing it to the Trustee/Custodian.

Type: ☐ Primary ☐ Contingent Share Percentage: _________% Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: ____________________ Taxpayer ID Number: ____________________ Date of Birth: ___________

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage: _________% Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: ____________________ Taxpayer ID Number: ____________________ Date of Birth: ___________

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage: _________% Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: ____________________ Taxpayer ID Number: ____________________ Date of Birth: ___________

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage: _________% Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: ____________________ Taxpayer ID Number: ____________________ Date of Birth: ___________

Residence Address: ____

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

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

PART IX: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: ____

Physical Address: ____________________ City: ____________________ State: ______________ Zip:________

PART X: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

☐ **By Check** Enclose a check payable to Rational Funds for the total amount.

☐ **By Wire** For wire instructions call Shareholder Services at 1-800-253-0412.

☐ **Other** ____

(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than $10,000.

PART XI: SPOUSAL CONSENT

Complete this section only if you, the HSA 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 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 HSA 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 XII: AUTHORIZED SIGNER

To permit someone else (such as your spouse) to authorize payments from your HSA, complete the information below and have the authorized person sign the "Acknowledgement" section at bottom.

_____ _____ _____
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:

_____ _____ _____
Country of Residence Province Foreign Routing/Postal Code

PART XIII: ACKNOWLEDGEMENT

By signing this *HSA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. I have read and received copies of this *HSA Application*, *IRS Form 5305-C*, and *Disclosure Statement (*including the applicable fee schedule). I agree to be bound to their terms and conditions. I understand that the Custodian has no duty or responsibility to determine whether my HDHP complies with the requirements of Section 223 of the Internal Revenue Code nor to determine or validate whether distributions I take from my HSA are used to pay for qualifying medical expenses. I assume all responsibilities for the HSA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of HSA Owner:

X _____ Date:_____

Signature of HSA Trustee/Custodian Representative:

X _____ Date:_____

Signature of Authorized Signer:

X _____ Date:_____

PART XIV: 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.

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 _____ **X** _____

Representative's Signature Supervisor's Signature

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

