

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 financial advisor 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 Form. 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 Form, 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, street, and mailing address, and the signature page of the trust must be provided to establish the account.
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 Fund's initial investment minimum is \$5,000 (\$2,000 for UGMA's or UTMA's) and subsequent purchase minimums are \$100 per each fund. Please refer to the prospectus for additional information on the Fund minimums. Indicate your Fund selection(s) and investment amount(s) below in *Part II*. If you invest in more than one fund and send one check, be sure to enter the dollar amount you want to invest in each fund. If no dollar amount is indicated below, payment will be apportioned equally to the Fund(s). Make the check payable to the IMS Family of Funds for the total fund(s) investment. Third party checks, starter checks, counter 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 1-800-934-5550.

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 1-800-934-5550.

PART I: INVESTOR INFORMATION (* DENOTES REQUIRED INFORMATION)

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

- To open any **ONE** of the following types of accounts – Please check the appropriate box.
- **Please do not use this application for any Unified Financial Securities, Inc. sponsored retirement account. A separate account application is available for these account types.**

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)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

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

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

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

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

U.S. Citizen Resident Alien (Country) _____ Daytime Phone* _____ Evening Phone _____

For mailing outside of U.S., provide:

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

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)-CONTINUED

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

Note: Initial investment minimum is \$2,000 for UGMA or UTMA accounts

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

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

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

Street Address (Physical Address)* Apartment # City* State* Zip Code*

U.S. Citizen Resident Alien (Country) _____
Daytime Phone* Evening Phone

For mailing outside of U.S., provide:

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).

Trust Under Agreement or Will

Required –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, street, and mailing address, and the signature page of the trust.

This application must be signed and completed for all trustees. If you require additional space, please include information on a separate sheet of paper.

Name of Trust* Date of Trust* Tax Identification Number*

Name of Trustee* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

U.S. Citizen Resident Alien (Country) _____
Daytime Phone* Evening Phone

For mailing outside of U.S., provide:

Country of Residence Province Foreign Routing/Postal Code

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)-CONTINUED

Trust Under Agreement or Will (*Denotes Required Information)-CONTINUED

Co-Trustee, if any:

Name of Trustee* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

U.S. Citizen Resident Alien (Country) Daytime Phone* Evening Phone

For mailing outside of U.S., provide:

Country of Residence Province Foreign Routing/Postal Code

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)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

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

Street Address (Physical Address)* Apartment # City* State* Zip Code*

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

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Daytime Phone*

PART II: FUND SELECTION AND INITIAL INVESTMENT

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

Select the fund(s) you want to invest in now. Next to the fund name, indicate the amount of your investment. The initial investment minimum is \$5,000 (\$2,000 for UGMA's or UTMA's) per each fund. Refer to the prospectus for additional purchase requirements. Indicate the **TOTAL** amount you are investing. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

A. FUND CHOICE:

AMOUNT:

- | | |
|--|----------|
| <input type="checkbox"/> IMS Capital Value Fund | \$ _____ |
| <input type="checkbox"/> IMS Strategic Income Fund | \$ _____ |
| <input type="checkbox"/> IMS Dividend Growth Fund | \$ _____ |

TOTAL INVESTMENTS \$ _____

PART III: 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 into the same fund they were paid <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 VII</i>)	<input type="checkbox"/> Reinvest into the same fund they were paid <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 VII</i>)	<input type="checkbox"/> Reinvest into the same fund they were paid <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 VII</i>)

PART IV: TELEPHONE TRANSACTION PRIVILEGES

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

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part VII*.

Your account automatically includes the telephone redemption and exchange privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part VII*.

Please check the box below if you **DO NOT** want these privileges.

By checking this box, you **DO NOT** authorize IMS Family of Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares and/or the exchange of shares between one or more of the Funds in IMS Family of Funds having identical registrations.

PART V: 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 \$100 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 VII*.

I authorize IMS Family of 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.) _____

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

*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART VI: SYSTEMATIC WITHDRAWAL PROGRAM

The completion of this section is *OPTIONAL*.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part VII*.

Systematic Withdrawal Program to Address of Record **Systematic Withdrawal Program via ACH (complete Part VII)**

I authorize IMS Family of Funds to initiate withdrawals from 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.) _____

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

PART VII: BANK ACCOUNT INFORMATION

Bank Name

ABA number (if known)

Bank Address

City

State

Zip Code

Name(s) on Bank Account

Bank Account Number

Name(s) on Bank Account

PART VII: BANK ACCOUNT INFORMATION-CONTINUED

Please attach one voided check or deposit ticket. Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples to attach it.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

PART VIII: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate account statement to:

Name

Street Address

City

State

Zip Code

PART IX: SIGNATURE

The completion of this section is REQUIRED.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

 X

Shareholder, Custodian, Trustee, or Authorized Officer Date

 X

Shareholder, Custodian, Trustee, or Authorized Officer Date

 X

Shareholder, Custodian, Trustee, or Authorized Officer Date

 X

Shareholder, Custodian, Trustee, or Authorized Officer Date

Note: All account owners and authorized signers must sign above.

FOR DEALER 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, IX*)
- 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 minimum and is made payable to IMS Family of 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 mail-completed application to:

Regular Mail Delivery

IMS Family of Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery

IMS Family of Funds
2960 N. Meridian Street, Suite 300
Indianapolis, IN 46208