

SIMPLE IRA APPLICATION



IMS Family of Funds
Building Wealth Wisely®

Use this SIMPLE IRA Application to open a SIMPLE IRA.

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)

DEPOSITOR'S INFORMATION

Depositor'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

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

EMPLOYER'S INFORMATION

Employer's Name* (First, M.I., Last) Name of Contact* Employer Identification Number*

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

Daytime Phone*

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

<input type="checkbox"/> Elective Deferral	Amount: _____	Tax Year: _____
<hr/>	<hr/>	<hr/>
<input type="checkbox"/> Employer Match Contribution	Amount: _____	Tax Year: _____
<hr/>	<hr/>	<hr/>
<input type="checkbox"/> Employer Non-Elective Contribution	Amount: _____	Tax Year: _____
<hr/>	<hr/>	<hr/>
<input type="checkbox"/> Direct Transfer	(Note: Select this option only if you are transferring assets from another SIMPLE IRA)	
<hr/>	<hr/>	
<input type="checkbox"/> Rollover	(Note: Select this option only if you are rolling over assets from another SIMPLE IRA)	
<hr/>	<hr/>	
<input type="checkbox"/> Recharacterization	Amount: _____	Tax Year: _____
<hr/>	<hr/>	<hr/>
<input type="checkbox"/> Other	Explain: _____	
<hr/>	<hr/>	

Important: Contributions made to your Simple IRA will be for the current tax year unless you specify prior year.

The minimum initial investment amount for each Fund is \$5,000.

PART III: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. IMS Capital Value Fund	NA	\$ _____ or _____%
2. IMS Strategic Income Fund	NA	\$ _____ or _____%
3. IMS Dividend Growth Fund	NA	\$ _____ or _____%
		TOTAL: \$ _____ or _____%

PART IV: 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 SIMPLE IRA 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 SIMPLE IRA 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 *IRA Change of Beneficiary Form* and 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: _____

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 Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
 Residence Address: _____

PART IV: BENEFICIARY DESIGNATION-CONTINUED

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

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

To name a trust as your beneficiary, attach a copy of the trust agreement or a certification, in writing, acceptable to the IRA Trustee/Custodian.

PART V: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____

PART VI: PAYMENT METHOD

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

- By Check** Enclose a check payable to IMS Family of Funds for the total amount.
 By Wire For wire instructions call Shareholder Services at 1-800-934-5550.
 From Employer Contributions will be forthcoming from my employer.
 Other _____

(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.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VII: SPOUSAL CONSENT

Complete this section only if you, the SIMPLE IRA 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 you are 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 SIMPLE IRA 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 VIII: ACKNOWLEDGEMENT (Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this SIMPLE IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the SIMPLE IRA Application, IRS Form 5305-SA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that if the deposit establishing the SIMPLE IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

X _____ Date: _____

PART IX: 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

PART X: MAILING INSTRUCTIONS

Please send 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