



# Thesis Funds Individual Retirement Account (IRA) Application

Please complete and sign this IRA Application after you have read the Prospectus carefully. Upon completion, return this IRA Application and your check to: Thesis Funds, P.O. Box 2175, Milwaukee, WI 53201-2175. If you have any questions, a shareholder services representative is available from 8 a.m. to 8 p.m. Eastern Time toll-free at 1.877.7THESIS (843747).

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Therefore when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents.

### 1. IRA Grantor Registration Information

If the IRA is for a minor, please also provide the following information for the responsible person.

Owner's Name (first, middle, last)

Date of Birth Social Security Number

Responsible Person's Name (first, middle, last)  
(If owner is a minor)

Date of Birth Social Security Number

Street Address (PO Box not acceptable)

City State ZIP

Mailing Address (If different from street address)

City State ZIP

Home Phone Work Phone

E-mail Address Cell Phone

### 2. Type of IRA to be Established (select one)

- Traditional IRA  Roth IRA  SEP IRA

### 3. Type of IRA Contribution

This IRA will be funded with the following type of contribution (please select only one):

#### Traditional IRA

- Annual Traditional IRA contribution for tax year \_\_\_\_\_
- Rollover from a Qualified Retirement Plan or another Traditional IRA
- Transfer from a Traditional IRA at another institution\*
- SEP IRA contribution for tax year \_\_\_\_\_
- Transfer from SEP IRA\*
- Recharacterization from a Roth IRA\*

#### OR

#### Roth IRA

- Annual Roth IRA contribution for tax year \_\_\_\_\_
- Conversion from a Traditional IRA
- Transfer from a Roth IRA\*
- Recharacterization from a Traditional IRA\*
- Rollover from a Roth Qualified Retirement Plan or another Roth IRA

*\*If this transaction is a transfer conversion from another institution, you will also need to complete and sign the Thesis Funds IRA Transfer Request Form.*

Is the IRA selected above comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)?

Yes  No

If yes, are you the spousal and sole beneficiary treating the IRA as your own?

Yes  No

#### 4. Investment of IRA Contribution

Minimum initial investment is \$1,000.

\$ \_\_\_\_\_

Any dividends or capital gains generated by Thesis Funds will be automatically reinvested into additional shares of that same Fund.

#### 5. Designation of IRA Beneficiaries

As Grantor of this IRA, you designate that any funds remaining in this IRA at your death shall be paid in the percentages indicated below (in the absence of any percentages, the account shall be paid in equal shares) to the Primary Beneficiary(ies) who survive you. The interest of a Primary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Primary Beneficiary(ies) shall increase on a pro rata basis. By signing Section 11, you acknowledge that you have read the section of the Disclosure Statement that accompanied this form captioned "Designation of Beneficiary" for more detailed information regarding the beneficiaries of this IRA.

The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form.

If more beneficiaries please supply a separate page.

#### PRIMARY BENEFICIARIES:

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address (PO Box not acceptable)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Relationship % of Account

If the person(s) listed above as Primary Beneficiary(ies) is(are) not living at your death, you designate the following

Secondary Beneficiary(ies). The funds remaining in this IRA at your death shall then be paid in the percentages indicated below (in the absence of any percentages, the account shall be divided into equal shares) to the Secondary Beneficiary(ies) who survive you. The interest of a Secondary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Secondary Beneficiary(ies) shall increase on a pro rata basis.

#### SECONDARY BENEFICIARY(IES):

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address (PO Box not acceptable)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Relationship Proportion

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Relationship % of Account

You have the right at any time to revoke, alter or amend your IRA Beneficiary designation by completing a Beneficiary Change Form supplied or approved by the Custodian. Your IRA beneficiary designation must be delivered to and accepted by the Custodian. The most current beneficiary designation on file with the Custodian at the time of your death will govern. The Custodian may conclusively rely upon information provided by you without any duty to verify or inquire into its validity.

#### Spousal Consent (if applicable)

Consent of Spouse: Spousal consent is required in community property and marital property states where an IRA depositor wishes to name a beneficiary other than, or in addition to, his/her spouse. A depositor's spouse who resides in a community property or marital property state must sign the consent below.

I hereby consent to and join in the designation of the beneficiary listed in this section. I give the depositor any interest I have in the funds deposited in this account.

The beneficiary's name and social security number are required. Beneficiary designations received without this

information will not be accepted. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom complete information is received.

\_\_\_\_\_  
Signature of Spouse (if applicable)                      Date

## 6. Telephone Transactions

As a Thesis Funds shareholder, you have the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction to add telephone transaction privileges in the future.**

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

Thesis Funds employs reasonable procedures to confirm that instructions communicated by telephone are genuine and may not be held liable for losses due to unauthorized or fraudulent instructions. Please see the Prospectus for more information about telephone redemption privileges.

## 7. Bank Information

Your bank account information must be on file in order to settle, by wire (wire fee is \$15) or electronic funds transfer, any purchase or redemption transaction made by telephone. The account name(s) below must exactly match at least one name in Section 1.

**Checking Account**       **Savings Account**

Please enclose a voided check or savings deposit slip. If you do not have a voided check, please verify your account number and ABA routing number with your financial institution.

\_\_\_\_\_  
Bank Name    ABA Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City    State    ZIP

## 8. Withholding Election (Substitute W-4P)

The distribution(s) you receive from your Thesis Funds IRA in your name are subject to Federal income tax withholding at a

rate of 10% unless you elect not to have withholding apply. Withholding will only apply to the total amount of the distribution, whether taxable or not. You may elect not to have withholding apply to you. If you do not make an election by the date of your distribution, Federal income tax will be withheld from the distribution. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The withholding election above will be applied to all distributions from this account from this date forward including any Systematic Withdrawal Plans currently in place. You may change your withholding election for future distributions by completing a new IRA Withholding Election Change Form.

Please withhold 10% Federal income tax from my distribution.

Please withhold \_\_\_\_\_% (greater than 10%) Federal income tax from my distribution.

Please do not withhold any Federal income tax from my distribution. (Must have U.S. Residence on file.)

## 9. Signature and Date

By signing this agreement, you as the Grantor and UMB Bank, n.a. as the Trustee agree to be bound by the terms, conditions and provisions of the Thesis Funds Custodial Account Agreement and Disclosure Statement that is currently in effect and as may be amended from time to time. You acknowledge that you have received and read the Disclosure Statement relating to this account and that you have independently obtained the legal and tax advice you deem necessary. You also agree that you have received and read the Prospectus for the Fund selected for this IRA. In addition, as Grantor you certify that: (1) all contributions that you make to this IRA meet the requirements of the Internal Revenue Code governing such contributions; (2) you understand and accept any applicable fees that are a part of this agreement; (3) your Taxpayer Identification Number shown on this form is correct; and (4) you will promptly provide instructions to the Trustee necessary to enable the Trustee to carry out its duties under this agreement.

I represent and certify that, if I am converting all or any portions of a Traditional IRA to a Roth IRA, (i) my adjusted gross income does not exceed \$100,000, (ii) if married, I am filing a joint return, and (iii) I comply with all applicable contribution limitations under the Internal Revenue Code.

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) 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).**

Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by law.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.** If the IRA account is for a minor, the Responsible Person must also sign. By signing below, the Responsible Person acknowledges receipt of, and agrees to be bound by, the additional terms and conditions that apply to custodial accounts established for minors.

**The Grantor and UMB Bank, n.a. as Custodian hereby execute this IRA Account Application as of the date below the Grantor's signature.**

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Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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Responsible Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thesis Funds  
TOLL FREE: 1.877.7THESIS (843747)