



Thesis Funds New Account Application

Use this form to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have questions about completing this form, please contact our Shareholder Services Department at 1.877.7THESIS (843747). Once completed please mail the form to Thesis Funds, P.O. Box 2175, Milwaukee, WI 53201-2175.

The Fund accepts investments from individuals or entities without a U.S. Social Security Number or Taxpayer Identification Number and a U.S. address, or from foreign institutions only in accordance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA Patriot Act) and rules there under and only to the extent the identity of such persons and the source of their funds can be reasonably ascertained.

1. Account Registration *(check only one type below)*

Individual *(may not be a minor)*

or

Joint* *(may not be a minor)*

Owner's Social Security Number

Owner's Name (first, middle, last)

Date of Birth

Joint Owner's Social Security Number

Joint Owner's Name (first, middle, last)

Date of Birth

**Joint tenants with rights of survivorship, unless otherwise noted.*

Uniform Gift/Transfers to Minor's Account (UGMA, UTMA)

Minor's Social Security Number

Minor's Name (first, middle, last)

Date of Birth

Custodian's Social Security Number

Custodian's Name (first, middle, last)

Date of Birth

Indicate whether the account is being established for one of the following:

Trust

S-Corporation

C-Corporation

Government

Partnership

Other Entity

LLC

classified for tax purposes by one of the following:

Partnership

S-Corporation

C-Corporation

Trust's Tax Identification Number

Name of Trust

Date of Trust

Trustee

Social Security Number

Date of Birth

Additional Trustee

Social Security Number

Date of Birth

**Trust instrument or other organizational documentation required.*

2. Mailing Address (Applications will only be accepted if they contain a U.S. street address.)

Street Address (If PO Box, please indicate the residential/street address below.)

City State ZIP

Daytime Telephone Evening Telephone

E-mail Address

Additional Address or Residential/Street Address
Send copies of confirmations and statements for this account to:

Name

Street Address

City State ZIP

3. Investment Instructions (The minimum initial investment is \$2,500 .)

- Purchase by check for \$ _____ payable to Thesis Flexible Fund
- Purchase by wire. Call 1.877.7THESIS (843747) for instructions.

4. Dividend and Capital Gains Instructions

All dividends will be reinvested unless one of the following is checked.

- Send all dividends and capital gains to the address in Section 2.
- Send all dividends and capital gains to the bank listed in Section 7.

5. Telephone Transactions

As a Thesis Flexible Fund 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 signed by all registered account owners 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.

6. Automatic Investment Program

This option allows you to execute automatic monthly or quarterly transactions with your Thesis Flexible Fund account. To establish a new account with this program you must initially invest at least \$1,000. Subsequent investments must be at least \$100.

To take advantage of the automated plans you must also include the bank information in Section 7. If more than one automatic purchase is desired, please attach on a separate page.

Amount (\$100 minimum) \$ _____

Begin Transaction (month, year) _____

*Choose one: Monthly or Quarterly

*Choose one: 5th 10th 15th 20th or 25th

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

7. Bank Information (Voided check required.)

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically. Please attach a voided, unsigned check or deposit slip for this bank account.

Bank Name Bank Phone Number

Bank Address City State ZIP

Name(s) on Bank Account

Bank Account Number ABA Number (available from your bank)

This is a: Checking Account or Savings Account

If information on voided check differs from information on this application, the information from the voided check will be used.

8. Cost Basis Election

Advisory Research Funds is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after January 1, 2012. **Note: IRS regulations do not permit a change of the method on settled trades.**

- I choose the Fund's default method of FIFO
- I choose a method other than FIFO
 - HIFO-Highest in, first out
 - LIFO-Last in, first out
 - Specific Identification
 - Average Cost

If no option is selected above, your account will use the Fund's default method.

9. Broker/Dealer Information

Broker/Dealer Name

Broker/Dealer Phone Number

Broker/Dealer Address

City State ZIP

Rep Name

Rep Phone Number Rep Number

Rep Address

City State ZIP

10. Documentation Options

We generally deliver a single copy of most annual and semi-annual reports and Prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and Prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

I want to receive individually addressed investor documents at the same address.

11. Acknowledgement and Signature *(All account owners/trustees must sign.)*

By signing below:

- ◆ I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.

- ◆ I authorize Thesis Funds and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither Thesis Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.

- ◆ I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Section 7 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Thesis Flexible Fund shall be fully protected in honoring any such transaction. I also agree that Thesis Flexible Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

Under penalty of perjury, I certify that:

1. **The Social Security Number or Taxpayer Identification Number shown on this application is correct.**
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.**
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.

Note: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
(All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.)

Signature of Owner, Trustee or Custodian Date

Signature of Joint Owner, Trustee or Custodian Date
(if applicable)

Additional Owner's Signature (if applicable) Date

Additional Owner's Signature (if applicable) Date

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.

What this means for you: 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.