

APPLICATION TO BUY SHARES

Monteagle Funds/Quality Growth Fund

Mailing Instructions:

Please mail the Application to
Buy Shares with your check to:

Monteagle Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, Ohio 44147

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REGISTRATION OF SHARES

Owner (Individual, Corporation, Trustee or Custodian)	DOB
Joint Owner (if applicable)	DOB
Minor's Name (if applicable)	DOB
Address	
City	State Zip
Owner's Social Security or Tax ID Number	
Joint owner's Social Security or Tax ID Number	
Daytime Phone Number	Email

If more than one owner is listed above, shares will be registered as joint tenants with right of survivorship and not as tenants in common, unless otherwise instructed.

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INVESTMENT INFORMATION

Please indicate how the investment should be allocated below.

Class I _____%

Amount \$ _____

This investment is being funded by: Check Wire

The initial minimum investment for the Fund is \$50,000 with no subsequent minimum investments.

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TAXPAYER INFORMATION

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien
(completed W9 required for each Registered Investor)

Country of Tax Residency _____

The Internal Revenue Service (IRS) requires each taxpayer to provide a Social Security or Taxpayer Identification Number and to make the following certifications. I certify under penalty of perjury that:

- 1) The Social Security or Tax ID number is correct.
- 2) I am not subject to backup withholding because:
 - a) The IRS has not informed me that I am subject to backup withholding.
 - b) The IRS has notified me that I am no longer subject to backup withholding.

* If this statement is not true and you are subject to backup withholding, cross out section 2.

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AUTOMATIC INVESTMENT PLAN

Permits you to initiate automatic and telephone transfers to your Fund account and from your bank, savings and loan, or credit union using the automated clearing house (ACH) system. **You must attach a voided check to this application.** Money will be transferred only from the bank account indicated on the voided check.

- No, I/we don't want to institute the Automatic Investment Plan.
- Yes, I/we want to institute the Automatic Investment Plan.

If Yes:

Institution Phone Number _____

Automatic Purchase in the amount of \$ _____

Minimum is \$100.

Frequency (Check one):

- Monthly Bi-Monthly Quarterly

ALL automatic purchases occur on the 15th of each month.

I/We authorize Monteagle Funds/Quality Growth Fund, upon telephone request, to pay amounts representing redemption(s) made by me/us by initiating debit entries to my/our account at the bank that I/we have indicated. I/We authorize the bank to accept any such debits to my/our account without responsibility for the correctness thereof. I/we further agree the Monteagle Funds/Quality Growth Fund will not be held accountable for any loss, liability, or expense for acting upon my/our telephone instructions. It is understood that this authorization may be terminated by me/us at any time by written notification to Monteagle Funds/Quality Growth Fund and to the bank. The termination request will be affective as soon as Monteagle Funds/Quality Growth Fund has had reasonable time to act upon it.

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DIVIDEND & TELEPHONE OPTIONS

All income dividends and capital gains distributions will be reinvested in additional shares as stated in the Prospectus unless the first box below is checked.

- Please pay all income dividends and capital gains distribution in cash.

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SIGNATURE AND AGREEMENT

I/We, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Fund and are purchasing Fund shares in accordance with its provisions. I/We further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment. *The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*

Signature of Owner

Date



Signature of Joint Owner (if any)

Date

