



**GENERAL ACCOUNT APPLICATION**

**US Mail or Overnight Delivery:**  
630 Fitzwatertown Rd.  
Building A, Second Floor  
Willow Grove, PA 19090

**Shareholder Services**  
**(888) 263-5593**

This form must be completed and signed in order to establish an account in the Monteagle Funds. Please do not use this application for IRA, SEP-IRA, Roth IRA, or Educational IRA accounts. Separate applications are available for these account types. If you have any questions regarding this application and how to invest, or need another form, please call Shareholder Services toll free at 1-888-263-5593.

**1 INVESTMENT INFORMATION Please fill in amount(s) and make check(s) payable to the applicable Fund(s).**  
**(Minimum initial investment is \$2,000 per Fund.)**

Informed Investor Growth Fund (MIIFX) \$ \_\_\_\_\_ Value Fund (MVRGX) \$ \_\_\_\_\_  
Fixed Income Fund (MFHRX) \$ \_\_\_\_\_ Quality Growth Fund (MFGIX) \$ \_\_\_\_\_  
Select Value Fund (MVEIX) \$ \_\_\_\_\_

**2 YOUR ACCOUNT REGISTRATION Please check only ONE box.**

**INDIVIDUAL** or  **JOINT ACCOUNT** (Joint accounts are registered as "joint tenants with right of survivorship" unless you specify otherwise.)

Owner's Name (First, Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Joint Owner's Name (First, Initial, Last) \_\_\_\_\_ Joint Owner's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CORPORATION, PARTNERSHIP OR OTHER ENTITY** (Please attach a corporate/non-corporate resolution as well as a copy of documents showing the existence of the entity, such as a certified copy of the Articles of Incorporation or Organization or Partnership Agreement.)

Name of Entity \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Authorized Individual \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check Appropriate Box:  Corporation  Partnership  Foundation  Endowment  
 Non-Profit  Other \_\_\_\_\_

**TRUST** (Please attach a trust resolution.)

Trustee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Trust Agreement \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_  
Beneficiary's Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**UNIFORM GIFT or UNIFORM TRANSFER TO MINOR (UGMA/UTMA)**

Minor's Name (First, Initial, Last) \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_  
Custodian's Name (First, Initial, Last) \_\_\_\_\_ Under the \_\_\_\_\_ Uniform Gifts/Transfer to Minors Act  
(Specify State of Domicile of Minor)  
Custodian's Date of Birth and Social Security Number \_\_\_\_\_

**3 MAILING ADDRESS OF REGISTERED OWNER(S)**

Street Address (P.O. Box is not acceptable) \_\_\_\_\_ U.S. Citizen?  Yes  No \_\_\_\_\_ Country \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
*You must be a U.S. Citizen or U.S. resident with a valid Social Security Number to invest in the Funds.*

Are you an associated person of an NASD member?  Yes  No

Occupation \_\_\_\_\_ Mother's Maiden Name (for identification purposes) \_\_\_\_\_

**4 SYSTEMATIC INVESTMENT PLAN OPTION**

If you would like to make automatic monthly transfers to your Fund account(s) from your bank checking account, please complete this section and the bank information section (section 7) below and **attach a voided check** from the bank account you wish to use. Minimum of \$100 each draft per Fund.

	<u>Amount</u>			
Large Cap Growth Fund	\$ _____	<input type="checkbox"/> 15th of month	<input type="checkbox"/> last day of month	<input type="checkbox"/> 15 <sup>th</sup> and last day of month
Value Fund	\$ _____	<input type="checkbox"/> 15th of month	<input type="checkbox"/> last day of month	<input type="checkbox"/> 15 <sup>th</sup> and last day of month
Fixed Income Fund	\$ _____	<input type="checkbox"/> 15th of month	<input type="checkbox"/> last day of month	<input type="checkbox"/> 15 <sup>th</sup> and last day of month
Quality Growth Fund	\$ _____	<input type="checkbox"/> 15th of month	<input type="checkbox"/> last day of month	<input type="checkbox"/> 15 <sup>th</sup> and last day of month
Select Value Fund	\$ _____	<input type="checkbox"/> 15th of month	<input type="checkbox"/> last day of month	<input type="checkbox"/> 15 <sup>th</sup> and last day of month

**5 SYSTEMATIC WITHDRAWAL OPTION**

If you would like to make automatic withdrawals from your Fund account(s), please complete this section. Minimum balance of \$10,000 and minimum of \$100 each payment required. The withdrawal will occur on the last day of each period (month or quarter) selected.

	<u>Amount</u>		
Large Cap Growth Fund	\$ _____	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly
Value Fund	\$ _____	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly
Fixed Income Fund	\$ _____	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly
Quality Growth Fund	\$ _____	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly
Select Value Fund	\$ _____	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly

I would like to receive payments from the above Fund account(s):

- By check to my address of record
- By electronic transfer (Please complete the bank information section (section 7) below and **attach a voided check** from the bank account you wish to use.)

**6 INCOME AND CAPITAL GAIN PAYMENTS (Both will be reinvested unless indicated otherwise)**

- Reinvest all income dividends and capital gains
- Pay both income dividends and capital gains in cash by check
- Pay only income dividends in cash by check and reinvest capital gains

(If you wish to have your distributions paid in cash by ACH Transfer to your bank, please complete the bank information section below and **attach a voided check** from the bank account you wish to use.)

**7 TELEPHONE REDEMPTIONS (Shares may be redeemed by calling toll free 1-888-263-5593; see instructions in prospectus.)**

**Please check one: (If no box is checked, telephone redemptions will be permitted in accordance with the prospectus.)**

- Yes, I would like to allow telephone redemptions.
- No, I decline the telephone redemption option.

**Please select a telephone redemption method:**

- All redemption checks mailed to the address of record.
- Redemption proceeds wired by Federal Reserve wire to the bank listed below (subject to a wire transfer minimum of \$5,000).
- Redemption proceeds sent via Automated Clearing House (ACH).

**Bank Information**

(For Systematic Investments, Systematic Withdrawals, ACH Transfers or Fed Wires, please provide the information below and **attach a voided check** from the bank account you wish to use.)

\_\_\_\_\_  
Name in which bank account is registered

\_\_\_\_\_  
Bank Name

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

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

\_\_\_\_\_  
ABA Routing Number  
( \_\_\_\_\_ )

\_\_\_\_\_  
Bank Telephone Number

**8 DUPLICATE ACCOUNT STATEMENTS**

Please send a duplicate account statement to the party below: (If more than one duplicate desired, please attach additional names and addresses.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

( \_\_\_\_\_ )  
Telephone Number

\_\_\_\_\_  
City, State and Zip

**9 CERTIFICATION AND SIGNATURE(S)**

**(YOUR SIGNATURE MUST APPEAR BELOW IN ORDER TO ESTABLISH AN ACCOUNT)**

By signing this form, the Investor represents and warrants that: (a) the Investor is of legal age in the state of his/her/its residence and wishes to purchase shares of the Fund(s) as described in the applicable Fund's current Prospectus, and (b) the Investor has the full right, power and authority to invest in the Fund(s); and (c) the Investor has received a current Prospectus of the applicable Fund(s) and agrees to be bound by its terms; and (d) the Investor understands that no certificates will be issued and that Investor's confirmation will be evidence of Investor's ownership of Fund shares.

**Under penalties of perjury, the Investor certifies that: (1) the Investor is a U.S. person (including a U.S. resident alien), (2) the number shown on this form is the Investor's correct social security number or taxpayer identification number, and (3) the Investor is not subject to backup withholding because: (i) the Investor has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or ii) the IRS has notified the Investor that the Investor is no longer subject to backup withholding. (Note: If part (3) of this sentence is not true in your case, please strike out that part before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

The Investor hereby certifies, under penalties of perjury, by signing this form that the Investor is exempt from backup withholding. Retirement plans, corporations, common trust funds, charitable organizations and financial institutions generally are exempt from backup withholding. (See IRS Form W-9, which is available from the Fund, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization may certify the authority of the persons signing on the space provided below).

\_\_\_\_\_  
Signature (Owner, Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Joint Owner, Co-Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Joint Owner, Co-Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**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.**

**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. We may also ask to see your driver's license or other identifying documents.**

**Please remember that any documents of information we gather in the verification process will be maintained in a confidential manner.**

**We appreciate your investment in the Monteagle Funds.**

**Attach voided check HERE for Systematic Investments, Systematic Withdrawals, ACH Transfers or Fed Wires.**