

**APPLICATION TO BUY SHARES**

**Monteagle Funds/Opportunity Equity**

**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

**1**

**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.

**2**

**INVESTMENT INFORMATION**

Please indicate how the investment should be allocated below.

Class Inv \_\_\_\_\_ %

Class I \_\_\_\_\_ %

Amount \$ \_\_\_\_\_

This investment is being funded by:  Check  Wire

The initial minimum investment for the Fund is \$2,000 for the Investor class with a \$200 subsequent minimum and \$1,000,000 for the Institutional Class with no subsequent minimum investments.

**3**

**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.

**4**

**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/Opportunity Equity 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/Opportunity Equity 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/Opportunity Equity Fund and to the bank. The termination request will be affective as soon as Monteagle Funds/Opportunity Equity Fund has had reasonable time to act upon it.

**5**

**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.

**6**

**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

