

Monteagle Fund AUTOMATIC INVESTMENT PLAN

Mail to: Mutual Shareholder Services, 8000 Town Centre Drive, Ste 400, Broadview Heights, OH 44147
Phone (440)922-0066 FAX: (440) 526-4446

Section 1

START or RESTART AUTOMATIC INVESTMENT PLAN: _____

STOP AUTOMATIC INVESTMENT PLAN: _____

Fixed Income _____ Quality Growth _____ Select Value _____ Texas _____

Opportunity Equity _____ Smart Diversification _____

Investor Number: _____

Name Account is Under: _____
(Please Print)

Current Address: _____

Day Time Phone #: (____) _____ Zip Code: _____

**Section 2: A common name must appear on both your mutual fund account and your bank account*

START or RESTART AUTOMATIC INVESTMENT PLAN: (Must be completed)

Name of Bank: _____

Address of Bank: _____

City, State, Zip Code: _____

Name(s) on Bank Account: _____

Bank Account Number: _____

ABA / Routing Number (available from your bank): _____

Bank Phone Number: (____) _____

Section 3

Dollar amount for automatic investment:

Checking Account (\$.) or Savings Account (\$.)

Starting _____ every month bi-monthly quarterly on the 5th of month
(Date)

-PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM-

I hereby authorize Mutual Shareholders Services, upon receiving instructions from me, in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Mutual Shareholder Services***, in such time and manner as to afford Mutual Shareholder Services and the bank a reasonable opportunity to act upon it.

Signature of Shareholder

Signature of Co-Shareholder

***For Joint Account Registrations:**

If the name(s) on your bank account in Section 2 are not identical to mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

Bank Account Owner's Name

Bank Account Owner's Signature

Date

Bank Account Co-Owner's Name

Bank Account Co-Owner's Signature

Date