

# IRA Application



Mail To: USA Mutuals Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: USA Mutuals Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

Complete this form to establish a Traditional, Roth, SEP or simple IRA. For additional information, please call toll-free **1-866-264-8783**.

In compliance with the USA PATRIOT Act, all Mutual Funds are required to obtain the following information for all registered owners and all authorized individuals: **Full Name, Date of Birth, Social Security Number and Permanent Street Address. Corporate, Trust and Other Entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1. Investor Information

FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY #

BIRTHDATE (Mo/Dy/Yr) (MUST BE OF LEGAL AGE)

DRIVER'S LICENSE OR STATE I.D. NUMBER

STATE OF ISSUE

## 2. Permanent Street Address (P.O. Box is not acceptable) (Residential Address or Principal Place of Business)

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE #

EVENING PHONE #

## ☐ Mailing Address (if different from Permanent):

*If completed, this address will be used as the Address of Record for all statements, checks and required mailings.*

STREET

APT / SUITE

CITY

STATE

ZIP CODE

## ☐ Duplicate Confirmation #1

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET

APT/SUITE

CITY

STATE

ZIP CODE

## ☐ Duplicate Confirmation #2

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET

APT/SUITE

CITY

STATE

ZIP CODE

### 3. Type of IRA

If no tax year is indicated, your purchase will be made for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

☐ **Traditional IRA Account**

- ☐ Contribution for tax year \_\_\_\_\_
- ☐ IRA to IRA Transfer (please complete IRA Transfer Form)
- ☐ Rollover (shareholder had receipt of funds)

☐ **Traditional IRA Rollover Account**

- ☐ Rollover IRA to Rollover IRA
- ☐ Direct rollover from qualified plan – complete any additional form(s) required by your Plan Administrator
  - ☐ Corporate    ☐ Pension    ☐ PSP    ☐ 401(k)    ☐ 403(b)    ☐ Other \_\_\_\_\_

☐ **ROTH IRA Account**

- ☐ Contribution for tax year \_\_\_\_\_
- ☐ Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form) - Original Roth IRA funding year \_\_\_\_\_
- ☐ Traditional IRA to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
- ☐ Rollover from Roth IRA (shareholder had receipt of funds) - Original Roth IRA funding year \_\_\_\_\_
- ☐ Rollover from Roth 401K or 403B account

☐ **SEP (Simplified Employee Pension Plan)**

Each employee must complete an *IRA Application* and the employer must complete IRS Form 5305-SEP.

- ☐ Contribution (no prior year contributions allowed)
- ☐ Transfer from another SEP IRA Account
- ☐ Rollover (shareholder had receipt of funds)

☐ **SIMPLE IRA** – must be accompanied by IRS forms 5305 SA and 5304 SIMPLE.

Original SIMPLE IRA funding date \_\_\_\_\_

- ☐ Contribution
- ☐ Transfer from another SIMPLE IRA Account
- ☐ Rollover (shareholder had receipt of funds)

### 4. Investment Choices

\$4,000.00

MINIMUM INVESTMENT

Portfolio Name

Investment Amount

Optional Automatic Investment Plan

*Please complete Section 6*

- ☐ Generation Wave Fund
- ☐ Vice Fund

1265  
1269

AMOUNT

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

AMOUNT PER DRAW  
(\$100 MINIMUM)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

AIP  
START MONTH

\_\_\_\_\_  
\_\_\_\_\_

DAY OF  
MONTH

\_\_\_\_\_  
\_\_\_\_\_

### 5. Telephone Options

Your signed Application must be received at least 15 calendar days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

☐ **Purchase (EFT)** – if checked, permits the purchase of shares from your bank account

☐ **Exchange** (\$100 minimum) – permits the exchange of shares between identically registered accounts

*If you selected any of these options, please attach a voided check or a preprinted savings deposit slip to the space in section 8. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

## 6. Automatic Investment Plan

\$100

MINIMUM AIP

Your signed Application must be received at least 15 calendar days prior to initial transaction.

Please include a voided bank check or savings deposit slip (See Section 9).

Based on the instructions in Section 1, funds will be automatically transferred from the checking or savings account indicated in Section 9, on the last page of this application. Note, we are unable to debit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

Automatic Withdrawal Investment Plan – permits the automatic withdrawal of funds.

☐ Generation Wave Fund

☐ Vice Fund

☐ Payments of \$\_\_\_\_\_ made on or about the \_\_\_\_\_ day of each month, or

☐ Payments of \$\_\_\_\_\_ made on or about the \_\_\_\_\_ day of the months that are circled below:

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER

- \$25.00 fee will be assessed if the automatic purchase cannot be made.
- Participation in the plan will be terminated automatically upon redemption of all shares.

## 7. Beneficiary Information

List additional beneficiaries on a separate sheet

### Primary

|            |                    |                      |           |           |         |
|------------|--------------------|----------------------|-----------|-----------|---------|
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |

### Secondary

|            |                    |                      |           |           |         |
|------------|--------------------|----------------------|-----------|-----------|---------|
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |
| NAME _____ | RELATIONSHIP _____ | CITY/STATE/ZIP _____ | SS# _____ | DOB _____ | % _____ |

Spousal consent: If you name someone other than or in addition to your spouse and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent. Your spouse must sign below to consent to the beneficiary designation.

X

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

## 8. Attach Check

Please include a voided bank check or savings deposit slip. →

Attach voided check or saving deposit here.

## 9. Signature and Certification

I have read and understand the IRA Disclosure Statement and Custodial Account Agreement. I adopt the USA Mutuals Funds' IRA Custodial Account Agreement of which U.S. Bank, National Association ("Custodian") is the Custodian, and acknowledge that the IRA Custodial Account Agreement may be revised from time to time. I appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the USA Mutuals Funds ("Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for the Fund. I acknowledge and consent to the householding, (i.e., consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and their transfer agent shall not be liable if I fail to notify the Fund within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

The Fund, the applicable portfolio, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "USA Mutuals Funds"), will not be responsible for banking system delays beyond their control. By completing Section 5 and 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable portfolio. USA Mutuals Funds will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

SIGNATURE OF OWNER\*

DATE (Mo/Dy/Yr)

Appointment as trustee accepted:  
U.S. Bank, N.A.



## 10. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

DEALER HEAD OFFICE

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REP'S A.E. NUMBER

Before you mail, have you:

☐ Completed all PATRIOT Act required information?

Social Security or Tax ID Number in section 1?

Birth Date in section 1?

Full Name in section 1?

Permanent Street Address in section 2?

Enclosed additional documents, if applicable?

☐ Enclosed your check made payable to USA Mutuals Funds?

☐ Included a voided check, if applicable?

☐ Signed your application in section 9?