

Shareholder Account Application

Do not use this form for IRA accounts.



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

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. Investment Choices

\$4,000 MINIMUM INVESTMENT

☐ By check: Make check payable to USA Mutuals Funds. \$ _____

☐ By wire: Call 1-866-264-8783. **Completed application required in advance of wire.**

Wire amount \$ _____

Portfolio Name		Investment Amount	Optional Automatic Investment Plan <i>Please complete Section 5</i>		
		AMOUNT	AMOUNT PER DRAW (\$100 MINIMUM)	AIP START MONTH	DAY OF MONTH
☐ Generation Wave Fund	1265	\$ _____	\$ _____	_____	_____
☐ Vice Fund	1269	\$ _____	\$ _____	_____	_____

1A. Distribution Options

		Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash*
☐ Generation Wave Fund	1265	☐	☐	☐
☐ Vice Fund	1269	☐	☐	☐

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 3.

2. Investor Information – Select one

☐ Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

☐ Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

☐ Gift to Minors

CUSTODIAN'S FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
(ONLY ONE PERMITTED)

DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

MINORS FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
(ONLY ONE PERMITTED)

STATE OF RESIDENCE _____

☐ Corporation/
Trust*

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION _____

☐ Partnership*

NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION) _____

☐ Other Entity*

SOCIAL SECURITY #/TAX ID# _____

DATE OF AGREEMENT (Mo/Dy/Yr) _____

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.) Please call (866) 264-8783 for information on what forms may be required. Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

3. 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 _____

4. Telephone and Internet Options

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

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

- ☐ **Yes – I (we) authorize USA Mutuals Funds to honor redemption requests received by telephone.** Written redemptions require the signatures of all owners while one owner may make a redemption by telephone. For your protection, the Fund sends the cash proceeds of a redemption only to the address of record or to the bank account which you have pre-designated.

Please attach a voided check or a preprinted savings deposit slip to the space provided in Section 9, on the last page of this application.

- ☐ **Redemption (\$100 minimum)** – permits the transfer of funds via:

- ☐ Check to address of record
☐ Federal wire to your bank account indicated in section 9 (\$15.00 charge for each wire)*
☐ EFT at no charge, to your bank account indicated in section 9 (funds are typically credited within two days after redemption)*

- ☐ **Purchase (EFT) (\$100 minimum)** – if checked, permits the purchase of shares from your bank account below

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

- ☐ **E-mail Address** - permits the fund to send you fund updates _____

**If you selected any of these options, please attach a voided check or a preprinted savings deposit slip to the space provided in section 9, on the last page of this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

**In order to implement the telephone options for your account, which allows you to call the fund and redeem or purchase over the phone, the above Redemption and/or Purchase box must be checked, along with the delivery method for the proceeds. If the Redemption box is checked, with no option indicated, any telephone redemption will be limited to the receipt of a check. If you choose to enact these options at a later date, after your account is open, a signature guaranteed letter of instruction will be required to implement these telephone options for your account.*

5. 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.

6. Systematic Withdrawal Plan

\$100 MINIMUM AND
\$10,000 ACCT. VALUE MINIMUM

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).

Systematic Withdrawal 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.

Payments will be mailed to address in Section 3 or automatically deposited to bank account indicated in Section 9, on the last page of this application. Please attach a voided check or a preprinted savings deposit slip to the space provided in Section 9, on the last page of this application. We are unable to credit 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).

7. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for the USA Mutuals Funds ("Fund"). I understand the Fund's investment objectives and policies and agree to be bound by 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 regulatory 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 its 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.

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 4, 5 or 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.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien). Or I am not a U.S. person or U.S. resident alien, and have included the applicable W-8 form with my application.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF OWNER*

DATE (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DATE (Mo/Dy/Yr)

*If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

8. 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

9. Attach Check

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

Attach voided check or
saving deposit here.

Please see below for application checklist prior to mailing.

Before you mail, have you:

☐ Completed all PATRIOT Act required information?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 3?

Enclosed additional documentation, if applicable?

☐ Enclosed your check made payable to USA Mutuals Funds?

☐ Included a voided check in Section 9, if applicable?

☐ Signed your application in section 7?