

**NEW ACCOUNT APPLICATION**

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

To establish an account, the minimum initial investment is \$2,500. Once your account is established, the minimum for additional investments is \$250.

If you have any questions or need any help filling out the application, please call 1-800-766-3960, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

After you have completed and signed this application, Please mail to:

**FREE ENTERPRISE ACTION FUND  
c/o GEMINI FUND SERVICES, LLC  
4020 SOUTH 147<sup>TH</sup> STREET, SUITE 2  
OMAHA, NE 68137**

Distributed by Aquarius Fund Distributors, LLC  
[www.freeenterpriseactionfund.com](http://www.freeenterpriseactionfund.com)

**1. ACCOUNT OWNERSHIP**

Please provide complete information for EITHER A, B, C or D:

**A. INDIVIDUAL OR JOINT** *(Please check one):*

Individual     Joint Account\*    \*Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name	Social Security #	Birth Date / /
Joint Owner	Social Security #	Birth Date / /
Citizenship <input type="checkbox"/> U.S. or Resident Alien <input type="checkbox"/> Other <i>(please specify)</i> _____		

**B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR  
UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)**

Custodian's Name	Minor's Name
Minor's Social Security Number	Minor's Date of Birth / /
Minor's State of Residence	

**C. TRUST**

Name of Trust	Tax ID Number
Trustee(s) Name	Co Trustee Name
Date of Trust Agreement	

**Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.**

**D. CORPORATIONS OR OTHER ENTITIES**

Corporation     Partnership     Other *(please specify)* \_\_\_\_\_

Name of Corporation or Other Business Entity	Tax ID Number
Authorized Individual	Co Authorized Individual

**Include a copy of one of the following documents: registered articles of corporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.**

## 2. MAILING AND CONTACT INFORMATION

### LEGAL ADDRESS *(Must be a street address)*

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

Daytime Telephone \_\_\_\_\_

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

Evening Telephone \_\_\_\_\_

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

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

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

## 3. INITIAL INVESTMENT (\$2,500 minimum initial investment)

- By check: Make check payable to **Free Enterprise Action Fund** in the amount of \$\_\_\_\_\_.
- By wire: Call 1-800-766-3960 to indicate the amount of wire.

## 4. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Free Enterprise Action Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 6 and attach a voided check.**

Please transfer \$\_\_\_\_\_ (**\$100 minimum**) from my bank account

Monthly     Quarterly

on the \_\_\_\_\_ day of the month    Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Note:** If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

## 5. SYSTEMATIC WITHDRAWAL PLAN (SWP)

**The Fund account must be valued at \$5,000 or more to establish Systematic Withdrawal Plan.**

As specified below, please withdraw from the Free Enterprise Action Fund account:

\$\_\_\_\_\_ exact dollars per period (**\$100 minimum**)

Send checks:     Monthly     Quarterly    Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send checks to:     Address of record     Bank of record (**See Section 6**)     Following payee

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

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

Evening Telephone \_\_\_\_\_

## 6. BANK INFORMATION

I authorize the Free Enterprise Action Fund to wire redemption proceeds when requested by the Automated Clearing House of which my bank is a member.

Type of Account:     Checking     Savings

Name of Depository Institution \_\_\_\_\_

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

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

ABA Number \_\_\_\_\_

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

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

**Please attach a voided check from your account.**

## 7. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

**No**, I do not want telephone privileges.

## 8. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

- Please pay all dividends in cash.  
 Please pay all capital gains in cash.

## 9. DEALER INFORMATION

If opening your account through a broker/dealer, please have them complete this section.

\_\_\_\_\_  
Dealer Name

### DEALER HEAD OFFICE

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Representative's Last Name, First Name

### REPRESENTATIVE'S BRANCH OFFICE

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Rep's ID

## 10. REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Registered Investment Advisor, please have them complete this section.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Investment Advisor Name

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

\_\_\_\_\_  
Email Address

## 11. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

### W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.) The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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 effective October 1, 2003.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for the Fund and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Funds outstanding shares.

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Signature *of owner (or custodian)* Date

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Signature *of joint owner (or corporate officer, partner or trustee)* Date

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Trustee *(if applicable)* Date

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**TO CONTACT US:**

**By Telephone**  
Toll-free **1-800-766-3960**

**In Writing**  
**Free Enterprise Action Fund**  
c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> St., Suite 2  
Omaha, NE 68137

**Internet**  
[www.freeenterpriseactionfund.com](http://www.freeenterpriseactionfund.com)