



**GENERAL ACCOUNT APPLICATION**

**U.S. Mail or Overnight:**

The Industry Leaders® Fund  
Mutual Shareholders Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147  
Toll Free 1-866-280-1952

This form must be completed and signed in order to establish a general, taxable account with The Industry Leaders® Fund. Please do not use this application for an IRA, SEP-IRA, or Roth IRA account. IRA accounts are not available directly from Industry Leaders®. IRA accounts are available through mutual fund supermarkets that list the Fund. If you have any questions please call the Adviser toll free at: (866)-459-2772 Extension 15. Thank you.

**1 INVESTMENT INFORMATION Minimum Investment \$250,000**

Industry Leaders® Fund Institutional Shares (ticker ILFLX) \$ \_\_\_\_\_

**2 YOUR ACCOUNT REGISTRATION (please check one box)**

**INDIVIDUAL** *or*  **JOINT APPLICATION (cannot be a minor)**

(Joint accounts are registered as "joint tenants with right of survivorship" unless you specify otherwise) 18 or older? (circle) Yes or No

Owner's Name (First, Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Joint Owner's Name (First, Initial, Last) \_\_\_\_\_ Joint Owner's Social Security Number \_\_\_\_\_

**CORPORATION, PARTNERSHIP OR OTHER ENTITY (Please attach a corporate/non-corporate resolution)**

Name of Entity \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

Please Circle: Corporation Partnership Foundation Endowment Non-Profit LLC Other : \_\_\_\_\_

**TRUST (Please attach a trust resolution)**

Trustee's Name \_\_\_\_\_ Trustee's Social Security Number \_\_\_\_\_

Name of Trust Agreement \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_

Beneficiary's Name \_\_\_\_\_ Trust Taxpayer Identification Number \_\_\_\_\_

**UNIFORM GIFT/TRANSFER TO MINOR (UGMA/UTMA)**  
**PLEASE NOTE: A gift or transfer to a minor is irrevocable**

Minor's Name (First, Initial, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_

Custodian's Name (First, Initial, Last) \_\_\_\_\_ Under the \_\_\_\_\_ Uniform Gifts/Transfer to Minor's Act  
(state that the minor resides in)

**3 MAILING ADDRESS OF REGISTERED OWNER(S) (required)**

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ U.S. Citizen Yes No \_\_\_\_\_ (Country)

Home Telephone Number \_\_\_\_\_ Business Telephone Number (optional) \_\_\_\_\_

**4 INCOME AND CAPITAL GAIN PAYMENT ELECTION (please select one)**

**Reinvest all income dividends and capital gains.**

Pay all income dividends and capital gains in cash by check.  Pay all income dividends in cash and reinvest capital gains.

(If you wish to have your distributions paid in cash by ACH Transfer to your bank, please complete following Bank information,

**5 TELEPHONE REDEMPTIONS (To redeem shares call (866)-280-1952; instructions in Prospectus.)**

Please check one: (If no box is checked, the telephone redemption option will be declined.)

- Yes, I would like to elect telephone redemptions.
- No, I decline the telephone redemption option.

Please check all that apply:

- All redemption checks mailed to the address of record.
- Redemption proceeds sent via Automated Clearing House (ACH).
- Redemption proceeds wired by Federal Reserve wire to the bank listed below.

**6 Bank Information for ACH Transfers (optional)**

For ACH transfers or Fed Wires: please provide the information below and attach a voided check from the bank account you wish to use.

_____	_____
Name in which bank account is registered	Bank Account Number
_____	_____
Bank Name	ABA Routing Number
_____	_____
Bank Address	Bank Telephone Number

**7 DUPLICATE ACCOUNT STATEMENTS (optional)**

Please send a duplicate account statement to the party below: (If more than one duplicate desired, then attach additional names and addresses)

_____	_____		
Name	Telephone Number		
_____	_____		
Street Address	City	State	Zip Code

**8 CERTIFICATION AND SIGNATURE(S) (required)**

**YOUR SIGNATURE MUST APPEAR BELOW IN ORDER TO ESTABLISH AN ACCOUNT**

By signing this form, the Investor represents and warrants that: (a) the Investor is of legal age in the state of his/her/its residence and wishes to purchase shares of the Fund as described in the current Prospectus, and (b) the Investor has the full right, power and authority to invest in the Fund; and (c) the Investor has received a current Prospectus of the Fund and agrees to be bound by its terms; and (d) the Investor understands that no certificates will be issued and that Investor's confirmation will be evidence of Investor's ownership of fund shares.

**Under penalties of perjury, the Investor certifies that: (1) the number shown on this form is the Investor's correct social security number or taxpayer identification number, and (2) the Investor is not subject to backup withholding because: (i) the Investor has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or ii) the IRS has notified the Investor that the Investor is no longer subject to backup withholding. (Note: If part (2) of this sentence is not true in your case, please strike out that part before signing.)**

If this box is checked, under penalties of perjury, the Investor also certifies by signing this form that the Investor is exempt from backup withholding. Retirement plans, corporations, common trust funds, charitable organizations and financial institutions generally are exempt from backup withholding. (See IRS Form W-9, which is available from the Fund, for more information). Non-U.S. Investors who do not furnish a social security number or taxpayer identification number must complete IRS Form W-8, which is available from the Fund, and attach it to this registration form.

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization may certify the authority of the persons signing on the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

_____	_____	_____
Signature (Owner, Trustee, Etc.)	Please Print Name	Date
_____	_____	_____
Signature (Joint Owner, Co-Trustee, Etc.)	Please Print Name	Date
_____	_____	_____
Signature (Joint Owner, Co-Trustee, Etc.)	Please Print Name	Date

**E-Mail Address: (Optional)** The Fund would like to send its Prospectus, Annual Report and Semi-Annual Report to you via e-mail. Quarterly account statements will be sent via the US Postal Service.

E-Mail Address: \_\_\_\_\_

**Privacy Statement is available on [www.Ilfund.com](http://www.Ilfund.com)**