

# Marketocracy Funds

## IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: Marketocracy Funds  
% US Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Marketocracy Funds  
% US Bancorp Fund Services, LLC  
615 E. Michigan St. FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll free 888-884-8482 or visit us on the web at [www.Marketocracy.com](http://www.Marketocracy.com).

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**. 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 for 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 as an age-appropriate distribution at the current day's net asset value.

### 1. Investor Information

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

### 2. Permanent Street Address

(Residential Address or Principal Place of Business –  
No PO Box addresses or foreign addresses)

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

### Mailing Address (No foreign addresses)

*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 \_\_\_\_\_

### 3. Type of IRA

If no tax year is indicated,  
we will assume it is 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**
  - For tax year \_\_\_\_\_
  - IRA to IRA Transfer (please complete IRA Transfer Form)
  - Rollover (shareholder had receipt of funds)
- IRA Rollover Account**
  - Rollover IRA to Rollover IRA
  - Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
    - Corporate  Pension  PSP  401(k)  403(b)  Other \_\_\_\_\_
- Roth IRA Account**
  - For tax year \_\_\_\_\_
  - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
  - 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)
- SEP (Simplified Employee Pension Plan)** -- Each employee must complete an *IRA Application*.
  - Contribution
  - Transfer from another SEP IRA Account
  - Rollover (shareholder had receipt of funds)
- SIMPLE IRA \*** (Be sure to complete Section 11)

**4. Investment Choices:**

- By check: Make check payable to Marketocracy Funds. \$ \_\_\_\_\_
- By wire: Call 888-884-8482. Indicate amount of wire: \$ \_\_\_\_\_

<u>Fund Name</u>	<u>Investment Amount</u> \$2000 Minimum	<u>Optional Automatic Investment Plan</u>		
		\$50 minimum	AIP Start Month	Day
<input type="checkbox"/> The Masters 100 Fund	MA-713	\$ _____	\$ _____	_____

**5. Automatic Investment Plan**

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.

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or a preprinted savings deposit slip to this application. 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).

**ATTACH VOIDED CHECK OR  
PRE-PRINTED SAVINGS  
DEPOSIT SLIP HERE**

**6. Telephone**

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

- Exchange** (\$50 minimum) – permits the exchange of shares between identically registered accounts
- E-mail Address** – permits the fund to send you fund updates

**7. Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper.)*

**Primary**

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

**Secondary**

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

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

**X** \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF SPOUSE

## 8. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Marketocracy Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Marketocracy Funds (the "Funds"). I understand the Funds' 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 each 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 Funds to revoke my consent. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify Marketocracy Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

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 account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

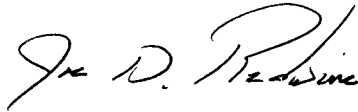
I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Marketocracy Funds") will not be responsible for banking system delays beyond their control. By completing sections 5 or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Marketocracy Funds will not be liable for acting upon instruction believed to be 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 by me personally. 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

\_\_\_\_\_  
DATE (Mo / Dy / Yr)

Appointment as trustee accepted:  
U.S. Bancorp Fund Services, LLC,



***SIMPLE IRA Applicants and Dealers please go on to the next page***

## 9. SIMPLE IRA

### Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT (NAME)

EMPLOYER CONTACT BUSINE PHONE NUMBER

## 10. Dealer

### Information

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

DEALER NAME

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

#### Before you mail, have you:

- Completed all USA 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 your check made payable to Marketocracy Funds?
- Included a voided check, if applicable?  
Signed your application in Section 8?