

FALLEN ANGELS FUNDS IRA APPLICATION— PAGE 2

For help with this form call:
(866)663-8023 toll free

AUTOMATIC INVESTMENT PLAN

YES, I/we want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your **Fallen Angels Fund** IRA from your bank, savings and loan, or credit union using ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check.

AMOUNT \$_____ (MINIMUM \$100)

FREQUENCY: MONTHLY BI-MONTHLY QUARTERLY

DAY FOR INVESTMENT: 5TH 20TH

FUND: INCOME FUND VALUE FUND

It is understood that this authorization may be terminated by me/us at any time by written notification to **Fallen Angels Funds**. The termination request will be affective as soon as Fallen Angels Funds has had reasonable time to act upon it.

DUPLICATE CONFIRMATION S AND STATEMENTS

Please send duplicate confirmations and statements to:

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

IF BROKER-DEALER/ADVISOR:
REP NAME: _____
BRANCH NUMBER: _____
PHONE: _____