



IRA Application

For Traditional, Roth, and SEP, IRAs

Mail to: **Congressional Effect Fund**
C/O Matrix Capital Group
630-A Fitzwatertown Road 2nd Floor
Willow Grove, PA. 19090-1904

For additional information, please call toll free 888-553-4233

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 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. Investor Information

| | | |
|-------------------------------------|---------------------------|-----------|
| _____ | _____ | _____ |
| FIRST NAME | M.I. | LAST NAME |
| _____ | _____ | _____ |
| SOCIAL SECURITY NUMBER | BIRTHDATE (Mo / Day / Yr) | |
| _____ | _____ | _____ |
| DRIVER'S LICENSE OR STATE ID NUMBER | STATE OF ISSUE | |

If this account is for a minor; the adult guardian must fill out this section.

| | | |
|--------------------------|---------------------------|-----------|
| _____ | _____ | _____ |
| GUARDIAN'S FIRST NAME | M.I. | LAST NAME |
| _____ | _____ | _____ |
| SOCIAL SECURITY NUMBER | BIRTHDATE (Mo / Day / Yr) | |
| _____ | _____ | _____ |
| PERMANENT STREET ADDRESS | CITY /STATE/ZIP | |
| _____ | _____ | _____ |
| DAYTIME TELEPHONE NUMBER | RELATIONSHIP TO MINOR | |

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)

4. Investment Choices:

- By check: **Make check payable to Congressional Effect Fund.**
- By wire: Call 888-553-4233 for instructions.

| <u>Fund Name</u> | <u>Investment Amount</u> \$1000 Minimum | <u>Optional Automatic Investment Plan</u> | | |
|----------------------------------|--|---|-----------------|---|
| | | \$100 minimum | AIP Start Month | Day |
| Congressional Effect Fund | \$ _____ | \$ _____ | _____ | _____ 1 st or 15 th |

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 monthly. 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 Options

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

- You may redeem shares from your account by calling Matrix Capital Group, Transfer Agent. **Please check here to establish Telephone/Mail redemption service.**

7. Beneficiary Information (Attach a separate sheet if necessary).

PRIMARY BENEFICIARY _____ % of Account

Name _____ Social Security Number _____ Relationship _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

CONTINGENT BENEFICIARY _____ % of Account

Name _____ Social Security Number _____ Relationship _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

8. Spousal Consent

If you are married and a resident of a community property or marital property state, you need your spouse's consent to designate a beneficiary other than your spouse. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection.

I am the spouse of the Depositor identified above. I consent to my spouse's Beneficiary Designation.

Signature of Spouse: _____ Date: _____

9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Congressional Effect Family of 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 Congressional Effect Fund (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. 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 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 Congressional Effect 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 Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Congressional Effect Family of Funds") will not be responsible for banking system delays beyond their control. By completing section 5, I authorize my bank to honor all entries to my bank account initiated through Matrix Capital Group on behalf of the applicable Fund. The Congressional Effect 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 Fund's 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 / Day / Yr)

Appointment as Custodian accepted:

Matrix Capital Group, Inc. Agent

Congressional Effect Fund
C/O MATRIX CAPITAL GROUP
630-A FITZWATERTOWN ROAD 2ND FLOOR
WILLOW GROVE, PA. 19090-1904
TOLL FREE 888-553-4233