



INDIVIDUAL RETIREMENT ACCOUNT (IRA) APPLICATION

Use this form to open a traditional IRA, Roth IRA, Rollover IRA or Education IRA.
If you have any questions, please contact a representative at 1.866.694.6672.

Instructions

▲ To Establish a New IRA

Complete and sign the IRA Adoption Agreement (Form #1).

- Traditional IRA
- Roth IRA
- Rollover IRA
- Coverdell Education Savings Account (formerly the Education IRA)

▲ To Roll Over or Transfer Assets to a Simple Capital Fund IRA

Complete and sign the following forms

- IRA Adoption Agreement (Form #1)
- IRA Transfer/ Rollover Application (Form #2)

IRA Rollover. If your current IRA Trustee or Custodian sends a check, payable to you, for the full amount of your IRA assets, you must redeposit this amount into your new IRA no later than the 60th day after the day you received your distribution. You can only make a rollover of your IRA account once every twelve months.

IRA Direct Transfer. By completing the IRA Transfer Form (Form #2), you are instructing your current IRA Trustee, Custodian or Retirement Plan Administrator to send your assets directly to Simple Capital Fund. Please forward this form along with your completed IRA Adoption Agreement (Form #1) and an account statement from your current Trustee or Custodian. By initiating a direct rollover, the distribution check is not made directly payable to you, and your distribution is not subject to current income taxes, possible tax penalties, or any mandatory tax withholding.

Please note: If you are initiating a direct transfer or conversion into an existing Simple Capital IRA, you do NOT need to complete a new adoption agreement. However, you must complete one if you are opening a new Simple Capital Fund IRA.

▲ To Convert a Traditional IRA to a Roth IRA

Complete and sign the Roth IRA Conversion Authorization Form (Form #3) and the IRA Adoption Agreement (Form #1).

Be sure to include any existing plan contracts or certificates for your Traditional IRA. Attach a copy of the most recent account from your current custodian or trustee.

▲ Mailing Instructions

Make a check payable to Simple Capital Fund for the amount of your investment. Send your completed application materials, along with your check, to Simple Capital Fund directly.

Send the documents to:

**Simple Capital Fund
C/O Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147**

Please note: we cannot accept starter or third-party checks.

If you have any questions, please contact a Shareholder Services Representative at 1.866.694.6672.

Send completed application to:
The Simple Capital Fund, 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147

Simple Capital Fund IRA Adoption Agreement (Form #1)

▲ 1. IRA Registration

Huntington Bank, N.A., Custodian for the IRA of:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (Education Account, Responsible Individual)	M.I.	Last Name
<input type="text"/>		
Residential Address or Place of Business (No P.O. Boxes except A.P.O. or F.P.O. Boxes)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM/DD/YYYY)	Phone number

▲ 2. Type of IRA You Wish to Establish

Please select ONE of the following:

A. Type of Account: Traditional IRA Roth IRA Education IRA Rollover IRA

B. Type of Contribution

<input type="checkbox"/> Current year amount	\$	<input type="text"/>
<input type="checkbox"/> Prior year amount	\$	<input type="text"/>
<input type="checkbox"/> Rollover amount	\$	<input type="text"/> *
<input type="checkbox"/> Transfer of assets	\$	<input type="text"/> *

***Please complete and send a Rollover/Transfer Request Form together with this application.**

▲ 3. Education Savings Account information-ONLY

The IRS requires us to retain the name and tax ID number of the "Depositor," defined as the person establishing the account and providing the initial funding, as well as the name of the "Responsible Individual," who must be the parent or legal guardian of the minor child for whom the account is being established. If these are the same, please write "same as Responsible Individual" in the "Name" box below.

Depositor's Information (the person establishing account and making initial contribution)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Social Security Number

Designated Beneficiary (the minor child for whom the account is being established)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Social Security Number

Check here if the Responsible Individual is to retain control of the account after the Designated Beneficiary reaches the age of majority under state law. Otherwise the Designated Beneficiary becomes the Responsible Individual.

Date of Birth (MM/DD/YYYY)

▲ 4. Designation of Beneficiary

Print the name of your beneficiary(ies), indicating his or her relationship to you, date of birth and Social Security Number. You may change your beneficiary(ies) at any time after the initial designation by notifying John Hancock Signature Services, Inc. (For Coverdell Education Savings Accounts, the Depositor may name one or more Death Beneficiaries for the Account.) If you DO NOT designate a beneficiary, your estate will be the beneficiary.

1. Primary Beneficiary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Social Security Number

<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Relationship

2. Secondary Beneficiary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>		
Date of Birth (MM/DD/YYYY)	Relationship		

▲ 5. Systematic Investment Program

Withdraw \$ per month from the bank account named below, and invest it in the Simple Capital Fund. Initiate withdrawals on day of (check one):

each month or quarter beginning
(MM/DD/YYYY)

Bank Information (Attach "VOID" check or bank deposit slip preprinted with account information.)

Establish the service(s) between my fund account and my: Checking Account Savings Account

Bank Name

Address

City

State

Zip

Bank Account Number

Bank Routing Number

I authorize you to charge my account checks made payable to the order of Simple Capital Fund. I am aware that your rights with respect to each check shall be the same as if I had signed the check personally and drawn it on Simple Capital Fund. This authority is to remain in effect until I revoke it in writing; and until you actually receive such notice, I agree that you shall be fully protected in honoring the check. If any check should be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

▲ 6. Signature and Attestation

I hereby adopt this IRA plan, appointing Huntington Bank to serve as Custodian and to perform the administrative services of this plan. I have received and read the prospectus for the Simple Capital Fund in which I am making my IRA investment. In addition, I have received and read a copy of the Adoption Agreement, Custodial Agreement and Disclosure Statement, and I understand the eligibility requirements for the type of IRA deposit I am making, as well as any fees to which my account may be subject. I understand that I am responsible for determining my eligibility for an IRA each year I make a contribution, and that all contributions I make are within the limits set forth by the tax laws. I also assume complete responsibility for the tax consequences of any contributions (including rollover contributions) and distributions that I make, and I certify under penalties of perjury that my Social Security Number as printed in Section 1 is correct and I am a U.S. person (including a U.S. resident alien). I acknowledge that identifying information is required before the account can be opened and is subject to verification by my financial professional, the Fund or its agents. If verification is unsuccessful, Simple Capital Fund may close my account, redeem my shares at the next NAV minus any applicable sales charges, and take other steps that it deems reasonable.

<hr/>	<input type="text"/>
Signature of Depositor	Date (MM/DD/YYYY)

Huntington Bank accepts appointment as Custodian in accordance with the terms and conditions of the Custody Agreement. Acceptance will be evidence by a statement of the account.