

# Account Application

Please mail account application to:

JPMorgan Chase Bank N.A.  
P.O. Box 5354  
Cincinnati, Ohio 45201-5354

ACCOUNT NO. A9 - \_\_\_\_\_

(For Fund Use Only)

## Appleton Funds Appleton Equity Growth Fund

### FOR BROKER/DEALER USE ONLY

Firm Name: \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Rep Name & No.: \_\_\_\_\_  
Rep Signature: \_\_\_\_\_

Initial Investment of \$ \_\_\_\_\_ (\$1,000 minimum)

Check or draft enclosed payable to the Fund.

Bank Wire From: \_\_\_\_\_

Exchange From: \_\_\_\_\_  
(Fund Name) (Fund Account Number)

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, residential address, date of birth, government identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If we do not receive these required pieces of information, there may be a delay in processing your investment request which could subject your investment to market risk. If we are unable to immediately verify your identity, the Fund may restrict further investment until your identity is verified. However, if we are unable to verify your identity, the Fund reserves the right to close your account without notice and return your investment to you at the price determined as of 4:00 p.m. on the day in which your account is closed. If we close your account because we are unable to verify your identity, your investment will be subject to market fluctuation, which could result in a loss of a portion of your principle investment.

**\*This information must be provided to open an account.**

**Account Name\*** \_\_\_\_\_ **S.S. #/Tax I.D.#\*** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_  
Name of Individual, Corporation, Organization, or Minor, etc. Trust (must provide copy of Trust document) (In case of custodial account please list minor's S.S.#)

Name of Joint Tenant, Partner, Custodian, Trustee, Beneficiary \_\_\_\_\_  
**Address\*** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Street ( ) \_\_\_\_\_  
Business Phone \_\_\_\_\_  
City State Zip ( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City State Zip

Check Appropriate Box:  Individual  Joint Tenant (right of survivorship presumed)  Partnership  Corporation  Trust  Custodial  Non-Profit  Other

Occupation and Employer Name/Address \_\_\_\_\_

Are you an associated person of an FINRA member?  Yes  No Citizenship:  US  Other \_\_\_\_\_

### DISTRIBUTIONS (If no election is checked the SHARE OPTION will be assigned.)

- Share Option — Income distributions and capital gains distributions automatically reinvested in additional shares.
- Income Option — Income distributions and short term capital gains distributions paid in cash, long term capital gains distributions reinvested in additional shares.
- Cash Option — Income distributions and capital gains distributions paid in cash.  
 By Check  By ACH to my bank checking or savings account. **Please attach a voided check.**

### TAXPAYER IDENTIFICATION NUMBER

**Under penalties of perjury, I/we certify that:**

- 1. The number shown on this form is my/our correct taxpayer identification number(s), (or I am/we are awaiting for a number to be issued to me/us), and**
- 2. I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and**
- 3. I am/we are a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).**

**Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

### SIGNATURES

By signature below each investor certifies that he has received a copy of the Fund's current Prospectus, that he is of legal age, and that he has full authority and legal capacity for himself or the organization named below, to make this investment and to use the options selected above. The investor appoints JPMorgan Chase Bank N.A. as his agent to enter orders for shares whether by direct purchase or exchange, to receive dividends and distributions for automatic reinvestment in additional shares of the Trust for credit to the investor's account and to surrender for redemption shares held in the investor's account for payment of service charges incurred by the investor. The investor further agrees that JPMorgan Chase Bank N.A. can cease to act as such agent upon ten days' notice in writing to the investor at the address contained in this Application. The investor hereby ratifies any instructions given pursuant to this Application and for himself and his successors and assigns does hereby release the Trust, Appleton Partners, Inc., JPMorgan Chase Bank N.A., IFS Fund Distributors, Inc., and their respective officers, employees, agents and affiliates from any and all liability in the performance of the acts instructed herein. Neither the Trust, JPMorgan Chase Bank N.A., IFS Fund Distributors, Inc., nor their respective affiliates will be liable for complying with telephone instructions they reasonably believe to be genuine or for any loss, damage, cost or expense in acting on such telephone instructions. The investor(s) will bear the risk of any such loss. The Trust or JPMorgan Chase Bank N.A., or both, will employ reasonable procedures to determine that telephone instructions are genuine. If the Trust and/or JPMorgan Chase Bank N.A. do not employ such procedures, they may be liable for losses due to unauthorized or fraudulent instructions. These procedures may include, among others, requiring forms of personal identification prior to acting upon telephone instructions, providing written confirmation of the transactions and/or tape recording telephone instructions.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Individual (or Custodian) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Corporations, business trusts and other organizations must complete the resolution form on the reverse side. Unless otherwise specified, each joint owner shall have full authority to act on behalf of the account.**

