



True Rock Fund

IRA APPLICATION

Mail To:

True Rock Fund
 c/o Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

Fax To:

440-526-4446

Minimum Investment:

Initial: \$2,000.00
 Subsequent: \$100.00

Need Help Call:

(800) 564-3899

1. ACCOUNT INFORMATION (Please Print)

Name _____

Social Security _____

Address _____

Date Of Birth _____

City _____ State _____ Zip _____

Email _____

BUSINESS PHONE _____ HOME _____

2. TYPE OF IRA I AM ESTABLISHING OR TRANSFERRING:**(If transfer, attach IRA Transfer Request form)**

- | | |
|--|--|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> Inherited Traditional IRA | <input type="checkbox"/> Coverdell Education Savings |
| <input type="checkbox"/> Inherited Roth IRA | (formerly Education IRA) |

3. TO BE FUNDED BY (check one): FOR ESTABLISHING A NEW IRA:

Make check payable to "True Rock Fund" or wire funds. (for wire, call 800-564-3899 for instructions)

Amount \$ _____ For tax year(s) _____

TO TRANSFER EXISTING IRAs :**Custodian-to-custodian transfer:**

- Direct Transfer – transfer from same type of IRA
 (Current custodian has the account; **Attach IRA Transfer Request form**)
 (Please include recent account statement)
- Rollover Transfer – transfer from qualified employer plan (ie. 401(k), 403(b), pension)
 (Current custodian has the account; **Attach IRA Transfer Request form**)
 (Please include recent account statement)

60-Day Rollover:

- 60-day rollover from previously existing account:
 (Shareholder has the funds from previous account)
 (Please include recent account statement)

Make check payable to "True Rock Fund" or wire funds.(for wire, call 800-564-3899 for instructions)

Amount \$ _____

4. DESIGNATION OF PRIMARY BENEFICIARY

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survive me, pay any balance I may have under my Account to the following Secondary Beneficiary(ies) who survive me. Make payment in the proportions specified below. If any Secondary Beneficiary predeceases me, his share is to be divided among the Secondary Beneficiaries who survive me in the relative proportions assigned to each such surviving Secondary Beneficiary. Proportions must total 100%.

FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	_____	_____	_____	_____%
2. _____	_____	_____	_____	_____%
3. _____	_____	_____	_____	_____%
4. _____	_____	_____	_____	_____%

*If no percentage indicated the beneficiaries will share equally.

5. DESIGNATION OF SECONDARY BENEFICIARY

FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	_____	_____	_____	_____%
2. _____	_____	_____	_____	_____%
3. _____	_____	_____	_____	_____%
4. _____	_____	_____	_____	_____%

*If no percentage indicated the beneficiaries will share equally.

6. SPOUSAL CONSENT (if applicable)

Spouse must sign here if not 100% of Primary Beneficiary.

I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, True Rock Fund or Mutual Shareholder Services.

Signature of Spouse

Date

Neither the Custodian, True Rock Fund nor Mutual Shareholder Services are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.

7. SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence, and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint Argent Institutional Trust to act as Custodian of my account. I indemnify Argent Institutional Trust when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received, printed, or downloaded a copy of the IRA Disclosure Statement and the IRA Custodial Account Agreement. I have read both, which are incorporated in the application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received, printed, or downloaded a copy of the current Prospectus and are purchasing shares in accordance with its provisions. I understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

There is a Custody Fee of \$8 annually per account. The Custody Fee may increase in the future.

IRA OWNER SIGNATURE

DATE

ARGENT INSTITUTIONAL TRUST SIGNATURE

DATE

(to be signed after receipt)

Argent Institutional Trust accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.

8. AUTOMATIC INVESTMENT PLAN

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

Permits you to initiate automatic transfers to your True Rock 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

QUARTERLY

ACH transfers will be processed on the 20th of each month. If the 20th falls on a weekend or holiday it will be processed on the first business day there after.

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

9. DUPLICATE CONFIRMATIONS AND STATEMENTS

Please send duplicate confirmations and statements to:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

If Broker-Dealer/Advisor:

Rep Name _____

Branch/Rep # _____

Phone _____