





**6. AUTOMATIC WITHDRAWAL PLAN (AWP)**

**The Fund account must be valued at \$5,000 or more to establish Automatic Withdrawal Plan.**

As specified below, please withdraw from AI Frank Funds:

\$ \_\_\_\_\_ exact dollars per period (**\$250 minimum**)

Send checks:     Monthly     Quarterly    Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send checks to:     Address of record     Bank of record (**See Section 7**)     Following payee

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Evening Telephone

**7. BANK INFORMATION**

I authorize the Fund to purchase shares through the Automatic Investment Plan by the Automated Clearing House of which my bank is a member.

Type of Account:     Checking     Savings

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Routing/ABA Number

\_\_\_\_\_  
Bank Address

**Please attach a voided check from your account.**

**8. COST BASIS METHOD**

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to complete a Cost Basis Election Form.

**9. DEALER INFORMATION**

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Representative's Last Name,                      First Name

**DEALER HEAD OFFICE**

**REPRESENTATIVE'S BRANCH OFFICE**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Rep Telephone Number                      Rep ID Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Rep Email Address

\_\_\_\_\_  
Branch ID Number

\_\_\_\_\_  
Branch Telephone Number (if different than Rep Phone Number)

## 10. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

## 11. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

### W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

To help the government fight the funding of terrorism and money laundering activities, 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, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for **AI Frank Funds** and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

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

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Signature of owner (or custodian)

Date

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Signature of joint owner (or corporate officer, partner or other)

Date

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Trustee (if applicable)

Date

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**TO CONTACT US:**

**By Telephone**

Toll-free **(888) 263-6443**

**In Writing**

**Al Frank Funds**

c/o Gemini Fund Services, LLC

PO Box 541150

Omaha, NE 68154

or

Via Overnight Delivery

17605 Wright Street, Suite 2

Omaha, NE 68130

**Internet**

[www.alfrankfunds.com](http://www.alfrankfunds.com)

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