



# IRA Application

Mail To: Empiric Funds, Inc.  
c/o U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: Empiric Funds, Inc.  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

Complete this form to establish a traditional, Roth, SEP or simple IRA. For additional information please call toll-free **888-839-7424**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **Full Name, Date of Birth, Social Security Number and Permanent Address**. Corporate, trust and other accounts require additional documentation. 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

_____	_____	_____
<i>FIRST NAME</i>	<i>M.I.</i>	<i>LAST NAME</i>
_____		_____
<i>SOCIAL SECURITY #</i>		<i>BIRTHDATE (Mo/Dy/Yr) (MUST BE OF LEGAL AGE)</i>

## 2. Permanent Street Address *(P.O. Box is not acceptable)*

_____	_____
<i>STREET</i>	<i>APT/SUITE</i>
_____	_____
<i>CITY</i>	<i>STATE ZIP</i>
_____	_____
<i>DAYTIME PHONE #</i>	<i>EVENING PHONE #</i>

### Duplicate Confirmation to:

_____	_____	_____
<i>FIRST NAME</i>	<i>M.I.</i>	<i>LAST NAME</i>
_____	_____	_____
<i>STREET</i>	<i>APT/SUITE</i>	
_____	_____	_____
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>

## 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
    - 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* and the employer must complete IRS Form 5305-SEP.

  - Contribution (no prior year contributions allowed)
  - Transfer from another SEP IRA Account
  - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** – must be accompanied by IRS forms 5305 SA and 5304 SIMPLE.

**4. Investment Choices**

- By check: Make check payable to Empiric Funds, Inc. \$ \_\_\_\_\_  
 By wire: Call 888-839-7424. Indicate amount of wire \$ \_\_\_\_\_

\$500.00

MINIMUM INVESTMENT

**Fund Name**

**Investment Amount**

- Core Equity Fund Class A (TC-425) \$ \_\_\_\_\_  
 Core Equity Fund Class C (TC-426) \$ \_\_\_\_\_

**5. Automatic Investment Plan**

Based on the instructions below, funds will be automatically transferred from the checking or savings account provided in Section 8.

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

- **\$25.00 fee will be assessed if the automatic purchase cannot be made.**
- **Participation in the plan will be terminated automatically upon redemption of all shares.**
- **Automatic Investment will be reported as current year contribution.**

Please include a voided bank check or savings deposit slip.

AMOUNT (\$100 MINIMUM)	AIP START MONTH	DAY OF MONTH
_____	_____	_____

**6. Telephone Options**

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

- Purchase (EFT)** (\$100.00 minimum) – permits the purchase of shares from your bank account provided in Section 8.

Please include a voided bank check or savings deposit slip.

**7. Beneficiary Information**

**Primary**

NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____

**Secondary**

NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY/STATE/ZIP _____	SS# _____	DOB _____	% _____

Spousal consent: If you name someone other than or in addition to your spouse and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent. Your spouse must sign below to consent to the beneficiary designation.

X \_\_\_\_\_  
 SIGNATURE OF SPOUSE DATE

- **List additional beneficiaries on a separate sheet**

**8. Voided Check for Bank Information**

If you have selected an automatic investment plan, wire redemption, EFT purchases or EFT redemptions, please attach a voided check or savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automatic Clearing House system (ACH).

Changes or terminations should be made five days prior to the effective date.

**PLEASE ATTACH VOIDED CHECK  
OR SAVINGS DEPOSIT SLIP  
HERE**

**9. Letter of Intent**

Applicable to Class A Only.

I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Empiric Funds, Inc. on which a sales load has been paid an aggregate amount equal to at least:

- \$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

**10. Rights of Accumulation**

Applicable to Class A Only.

A reduced sales load applies to any purchase of the Empiric Funds, Inc. shares, sold with a sales load, where then-current investment is \$50,000.00 or more. I/We own shares of one or more of Empiric Funds, Inc.:

Existing Account Number(s): \_\_\_\_\_

**11. Signature**

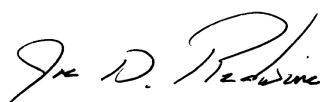
I have read and understood the IRA Disclosure Statement and Custodial Account Agreement. I adopt the Empiric Funds, Inc. IRA Custodial Account Agreement, as it may be revised from time to time, and appoint the custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Empiric Funds, Inc. (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. 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 Funds to revoke my consent. I agree to notify the Funds 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 Funds and their transfer agent shall not be liable if I fail to notify the Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

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 IRA may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

The Funds, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Empiric Funds, Inc."), will not be responsible for banking system delays beyond their control. By completing sections 5 or 6, I authorize my bank to honor all entries to my bank account initiated through U.S Bank, National Association, on behalf of the applicable Fund. Empiric Funds, Inc. will not be liable for acting upon instructions believed 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 personally by me. 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 Funds' transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE

Appointment as custodian accepted:  
U.S. BANK, National Association



## 12. Dealer Information

(Please be sure to complete representative's first name and middle initial.)

DEALER NAME

DEALER HEAD OFFICE

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME      FIRST NAME      MI

REPRESENTATIVE'S BRANCH OFFICE

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

REP'S A.E. NUMBER

### Before you mail, have you:

- Completed all Patriot Act required information?
  - Social Security or Tax ID Number in section 1?
  - Birth Date in section 1?
  - Full Name in section 1?
  - Permanent Street Address in section 2?

- Enclosed your check made payable to Empiric Funds, Inc.?
- Included a voided check, if applicable?
- Signed your application in section 11?