

Tilson Mutual Funds

P.O. Box 8656, Denver, CO 80201 **Mail**
1290 Broadway, Suite 1100, Denver, CO 80203 **Overnight**
1-888-4TILSON (1-888-484-5766) **Phone** • 1-866-205-1499 **Fax**

SEP-IRA CONTRIBUTION ALLOCATION FORM

IMPORTANT: This form allocates employer SEP-IRA contributions to employees' Tilson Funds SEP-IRAs. Please enclose Tilson Funds IRA Application Form(s) for all employees who are opening Tilson Funds SEP-IRAs at this time.

SECTION 1: Employer Information

Employer Name

Employer Address (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

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Phone

Email Address

SECTION 2: Employer SEP Contributions

Please indicate the total amount of the contribution that you are sending with this form.

\$ _____ For tax year 20 _____

Please enclose a check made payable to: Tilson Funds

SECTION 3: Allocation to Employee's IRA

Identify each employee who is covered by this contribution; indicate the amount of the total contribution that goes to each employee, along with investment instructions. If the instructions are on the employee's Tilson Funds SEP-IRA Application Form (which you are sending with this form), check box A. If the contribution is for your employee's existing Tilson Funds IRA(s), check box B and provide the information indicated.

If you need space for additional employees, please enclose an additional piece of paper.

NOTE: Tilson Funds cannot accept any contributions without investment instructions. (Even if yours is a "one person company", please complete the section above (Employer Information) and this section providing the information required for yourself as an employee.)

SECTION 3: Allocation to Employee's IRA (continued)

Employee One

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

Employee Two

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

SECTION 3: Allocation to Employee's IRA (continued)**Employee Three****Employee Name**

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Amount of Total SEP Contribution that goes to this Employee's IRA _____

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

Employee Four**Employee Name**

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Amount of Total SEP Contribution that goes to this Employee's IRA _____

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

SECTION 3: Allocation to Employee's IRA (continued)**Employee Five****Employee Name**

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Amount of Total SEP Contribution that goes to this Employee's IRA _____

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

Employee Six**Employee Name**

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Amount of Total SEP Contribution that goes to this Employee's IRA _____

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

SECTION 3: Allocation to Employee's IRA (continued)**Employee Seven****Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

Employee Eight**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Tilson Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Tilson Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Amount
Tilson Focus Fund	\$ _____ or _____ %
Tilson Dividend Fund	\$ _____ or _____ %
Total Amount	\$ _____ or _____ %

SECTION 4: Signature

I authorize the Tilson Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Tilson Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Signature (of individual filling out application)

Date (MM/DD/YY)

Please mail completed form to:**Regular Mail:**

Tilson Funds
 P.O. Box 8656
 Denver, CO 80201

Overnight Mail:

Tilson Funds
 1290 Broadway, Suite 1100
 Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-888-4TILSON (1-888-484-5766).