

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**

IRA ADDITIONAL INVESTMENT FORM

SECTION 1: Account Information

Account Number _____

Owner's Name (Last, First, Middle Initial) _____

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

Joint Owner (if applicable) _____

Address of Residence _____

City, State, Zip Code _____

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your fund purchase?

Check (enclose with this form)

Wire

ACH

For the year: _____

| Fund Name | Amount |
|----------------------|-----------------|
| Tilson Focus Fund | \$ _____ |
| Tilson Dividend Fund | \$ _____ |
| Total Amount | \$ _____ |

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to, please complete Section 3. If no tax year is indicated, contribution is posted for the tax year it is received.

SECTION 3: Update or Add Bank Instructions

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with an Investor Service Representative; using the automated service line; or on the website at www.tilsonmutualfunds.com.

I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

Account type: Checking Savings

Name on Bank Account _____

Bank Name _____

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) _____

Bank Account Number (Second set of numbers at the bottom of check or deposit slip) _____

Please attach a voided check or savings deposit slip from the specified bank account.

■ Adding/changing bank information requires a **signature guarantee**. Please see Section 5.

I authorize Tilson Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Tilson Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Tilson Funds. The termination request will be effective as soon as Tilson Funds has had reasonable time to act upon it.

SECTION 4: Signatures

I authorize Tilson Funds to make the changes indicated to my account.

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

ALL owners of this account must sign below:

Signature _____

Date (MM/DD/YY) _____

SECTION 5: Signature Guarantee

A signature guarantee is required for adding or changing bank information, authorizing wire transfers on this account in addition to redemption requests greater than \$50,000.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's:

- Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings
(STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*)

Bank or Dealer Firm

Officer Title

Officer Signature

Date (*MM/DD/YY*)

[STAMP]

Please mail completed form to:

Regular Mail:

Tilson Funds
PO. 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).