



# Coverdell Education Savings Account Application

Mail to: FundX Upgrader Funds  
c/o U.S. Bank Global Fund Services  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: FundX Upgrader Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number and permanent street address.** 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 for 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 as an age-appropriate distribution at the current day's net asset value.

## 1 Designated Beneficiary | Account Holder

|  |                            |  |
|--|----------------------------|--|
| <input type="text"/>                             | <input type="text"/>       | <input type="text"/>   |
| FIRST NAME                                       | M.I.                       | LAST NAME  |
| <input type="text"/>                             |                            | <input type="text"/>   |
| PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) |                            | CITY / STATE / ZIP   |
| <input type="text"/>                             | <input type="text"/>       | <input type="checkbox"/> Check if minor should receive statements. |
| SOCIAL SECURITY NUMBER                           | DATE OF BIRTH (MM/DD/YYYY) |  |

## 2 Responsible Party

|  |  |                        |
|--|--|------------------------|
| <input type="text"/>                             | <input type="text"/>                   | <input type="text"/>   |
| FIRST NAME                                       | M.I.                                   | LAST NAME              |
| <input type="text"/>                             |  | <input type="text"/>   |
| PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) |  | CITY / STATE / ZIP     |
| <input type="text"/>                             | <input type="text"/>                   | <input type="text"/>   |
| DAYTIME PHONE NUMBER                             | RELATIONSHIP TO DESIGNATED BENEFICIARY | SOCIAL SECURITY NUMBER |
| <input type="text"/>                             | <input type="text"/>                   |                        |
| BIRTHDATE (MM/DD/YYYY)                           | EMAIL ADDRESS                          |                        |

**The following two options will be added to your account. If you do not want these options, check the boxes below.**

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
  - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
  - The responsible party may not change the beneficiary.

### 3 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

**Select one of the following account types:**

Coverdell Education Savings Account (CESA)

For Tax Year \_\_\_\_\_

Rollover Account – specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

Transfer Account – a direct transfer from current CESA custodian.

### 4 Investment Choices

**By check:** Make check payable to the FundX Upgrader Funds.

*Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept postdated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.*

**By wire:** Call 1-866-455-3863.

*Note: A completed application is required in advance of a wire.*

*\* The initial investment is lowered to \$500 if also enrolled in the Automatic Investment Plan with a monthly minimum of \$100.*

**Investment Amount**

\$1,000 Minimum  
\$500 AIP Minimum

|  |            |    |                      |    |                      |   |
|--|------------|----|----------------------|----|----------------------|---|
| <input type="checkbox"/> Asset Reallocation                    |            | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> FundX Upgrader Fund                   | 1053 FUNDX | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> FundX Aggressive Upgrader Fund        | 1055 HOTFX | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> FundX Conservative Upgrader Fund      | 1056 RELAX | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> FundX Flexible Income Fund            | 1057 INCMX | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> FundX Sustainable Impact Fund         | 5249 SRIFX | \$ | <input type="text"/> | or | <input type="text"/> | % |
| <input type="checkbox"/> Fidelity Inst Money Market Government | 1964 FIGXX | \$ | <input type="text"/> | or | <input type="text"/> | % |

# 5 Asset Allocation

I understand that my accounts will be rebalanced on a calendar quarter basis, that all purchases and redemptions will be made according to my selected model, that all future changes/requests will need to be made in writing and that there are tax consequences involved with this rebalancing.

Risk Spectrum of Investor profiles

Aggressive

HOTFX

30% HOTFX  
70% FUNDX

Growth

FUNDX

25% HOTFX  
50% FUNDX  
25% RELAX

20% HOTFX  
50% FUNDX  
30% INCMX

Moderate

RELAX

10% HOTFX  
40% FUNDX  
50% INCMX

10% HOTFX  
30% FUNDX  
60% INCMX

35% FUNDX  
65% INCMX

15% HOTFX  
15% FUNDX  
70% INCMX

Conservative

10% HOTFX  
10% FUNDX  
80% INCMX

10% HOTFX  
90% INCMX

INCMX

A1

G1

G2

M1

M2

M3

M4

C1

C2

Aggressive ▶

The aggressive investor has a long-term time horizon and is willing to accept substantial risk exposure.

Growth ▶

The growth investor is looking to accumulate wealth over time rather than generate current income and is willing to withstand significant market fluctuation.

Moderate ▶

The moderate investor seeks a balance between equities for long-term growth and income funds to dampen volatility.

Conservative ▶

The conservative investor cautiously seeks capital growth, but is willing to accept some short-term risk and fluctuation.

Please check one

A1

G1

G2

M1

M2

M3

M4

C1

C2

## 6 Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP (check one):**  Monthly  Quarterly

*If no option is selected, the frequency will default to monthly.*

\$100 minimum

|  |            | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
|--|------------|-----------------|-----------------|---------------|
| <input type="checkbox"/> Asset Reallocation                    |            |                 |                 |               |
| <input type="checkbox"/> FundX Upgrader Fund                   | 1053 FUNDX |                 |                 |               |
| <input type="checkbox"/> FundX Aggressive Upgrader Fund        | 1055 HOTFX |                 |                 |               |
| <input type="checkbox"/> FundX Conservative Upgrader Fund      | 1056 RELAX |                 |                 |               |
| <input type="checkbox"/> FundX Flexible Income Fund            | 1057 INCMX |                 |                 |               |
| <input type="checkbox"/> FundX Sustainable Impact Fund         | 5249 SRIFX |                 |                 |               |
| <input type="checkbox"/> Fidelity Inst Money Market Government | 1964 FIGXX |                 |                 |               |

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease on the day the beneficiary (minor) reaches the age of 18.

## 7 Telephone and Internet Options (if applicable)

You automatically have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

\* You must provide bank instructions and a voided check or savings deposit slip in Section 8.



Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

**I decline telephone and/or internet transaction privileges.**

*Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information at 1-866-455-3863.*

## 8 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

|   |              |
|---|--------------|
| John Doe<br>Jane Doe<br>123 Main St.<br>Anytown, USA 12345  | 53289        |
| <b>VOID</b>   |              |
| Pay to the order of _____   | \$ _____     |
| _____   | DOLLARS      |
| Memo _____  | Signed _____ |
|   |              |

## 9 E-Delivery Options

### I would like to:

- Receive prospectuses, annual reports and semi annual reports electronically
- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements, and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting [upgraderfunds.com](http://upgraderfunds.com).

**Please note: you must provide your email address in Section 2 to enroll in e-Delivery.**

## 10 Beneficiary Information (Due To Death of Account Holder)

If you need more space, please enclose a separate sheet of paper.

### Primary

|                      |                      |                      |                        |                      |                      |
|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| NAME                 | RELATIONSHIP         | CITY/STATE/ZIP       | SOCIAL SECURITY NUMBER | DATE OF BIRTH        | %                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| NAME                 | RELATIONSHIP         | CITY/STATE/ZIP       | SOCIAL SECURITY NUMBER | DATE OF BIRTH        | %                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| NAME                 | RELATIONSHIP         | CITY/STATE/ZIP       | SOCIAL SECURITY NUMBER | DATE OF BIRTH        | %                    |

### Secondary

|                      |                      |                      |                        |                      |                      |
|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| NAME                 | RELATIONSHIP         | CITY/STATE/ZIP       | SOCIAL SECURITY NUMBER | DATE OF BIRTH        | %                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| NAME                 | RELATIONSHIP         | CITY/STATE/ZIP       | SOCIAL SECURITY NUMBER | DATE OF BIRTH        | %                    |

## 11 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the FundX Upgrader Funds 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 understand the prospectus for the FundX Upgrader Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by 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 regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

- ✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be 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 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 by me personally. I agree that if any such entries are not honored 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

**X**

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:  
U.S. BANK, N.A.

*Joseph Neuberger*

## 12 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S ID

### DEALER HEAD OFFICE INFORMATION:

### REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CODE

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

## ! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 1 & 2?
  - Birth Date in Section 1 & 2?
  - Full Name in Section 1 & 2?
  - Permanent street address in Section 1 & 2?
- Enclosed your check made payable to FundX Upgrader Funds?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 11?

**For additional information please call us toll-free at 1-866-455-3863 or visit us on the web at [upgraderfunds.com](http://upgraderfunds.com).**