

CASTLE INVESTMENT MANAGEMENT

Shareholder Account Application Castle Focus Fund

Do not use this application to establish a Castle Focus Fund IRA account. Please visit our website at www.castleim.com or call toll-free 1-877-743-7820 if you have questions regarding IRA accounts or for any assistance.

Please mail (or send overnight) the completed application to:

Castle Focus Fund
c/o Mutual Shareholder Services, LLC
8000 Town Centre Dr., Suite 400
Broadview Hts., OH 44147

1. Taxpayer Identification Number

For joint accounts, provide
SSN of first listed owner;
For UGMA/UTMA use minor's SSN

Social Security Number or Taxpayer Identification Number

2. Account Registration (Please Print or Type)

Please check only one type of registration below:

Individual (may not be a minor)

Owner's Name (First, Middle, Last) Date of Birth

Joint* (may not be a minor)

Joint Owner's Name (First, Middle, Last) Date of Birth

Joint Owner's Name (First, Middle, Last) Date of Birth

*Joint tenants with right of survivorship, unless otherwise noted.

Gift/Transfer to a Minor (UGMA/UTMA)

Minor's Name (First, Middle, Last) Minor's Date of Birth

Custodian's Name (First, Middle, Last) Custodian's SSN Required

Trust

Name of Trust

Name of Trustee

Additional Trustee (If applicable) Date of Trust

Please attach a trust resolution.

Corporation or other Entity

Type of Entity: Corp. Partnership Other

Name of Corporation, Partnership, Estate, ect.

Please attach a corporate / non-corporate resolution.

3. Mailing Address

Street

City, State, Zip Code

() ()
Daytime Telephone Evening Telephone

Owner's Citizenship:

U.S. Citizen U.S. Resident alien Country

Non-resident alien - Residence for tax purposes Country
Non-resident aliens with a U.S. address must also submit IRS Form W-8

4. Additional Address or Broker Dealer Information (If Applicable)

To send copies of confirms and statements for this account (optional)

Name

Street

City, State, Zip Code

Broker Dealer Rep Name

Broker Dealer Account Number

5. Your Fund Selection(s)

Minimum Initial Investment Amounts:

Investor Class (MOATX)

• \$4,000 per regular Fund account.

• \$2,000 with an Automatic Investment Plan.

Payment by Check Please make check payable to
Castle Focus Fund.

Purchase by Wire Call 1-877-743-7820 for instructions.

Castle Focus Fund Investor Class Total \$ _____

6. Distribution Options

All distributions will be reinvested into additional Fund shares unless you indicate otherwise by selecting payment by check:

Reinvest all Income Dividends and Capital Gains into my account (default).

Pay all Income Dividends and Capital Gains to me by check.

7. Telephone Purchase Option

Telephone Purchase of Shares Option: This option allows you to make additional investments (\$100 minimum per purchase) into your Castle Focus Fund account(s) by phone. Upon your request, we will automatically withdraw the purchase directly from your bank account. **To select this option, you must check the box below and complete Section 10.**

I accept this option

8. Telephone Redemption Option

Telephone Redemption of Shares Option: You can sell shares of your Fund by phone (\$25,000 maximum per day) and a check will be sent to your address of record. You will not be able to redeem by telephone and have a check sent to your address for a period of 15 days following an address change. You will automatically be granted telephone redemption privileges unless you decline them by checking the box below:

I decline this option. All requests to redeem shares from this account must be submitted in writing.

Application is continued on the back

9. Automatic Investment Plan

Automatic Investment Program: This option allows you to make automatic monthly or quarterly investments into your Castle Focus Fund account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$1,000 per account and subsequent investments must be at least \$100 per purchase.

You must also include the bank information in Section 10.

I accept this option

Monthly or Quarterly

Castle Focus Fund Investor Class \$ _____
Fund Name Amount (\$100 minimum)

Begin investment on _____ and on the 5th or 20th*
(month, year)
day of the month/quarter.

* Investments will be made on the 20th, unless you select the 5th. Your first automatic investment will become available approximately 15 days after your application is processed.

10. Bank Information

You must complete this section to make additional investments into your Castle Focus Fund account(s) by telephone (see Section 7) or to establish an Automatic Investment Plan (see Section 9). **Please attach a voided, unsigned check or savings account deposit slip for the bank account you will be using for transfers.**

Name of Bank

Address of Bank

City, State, Zip Code

Name(s) on Bank Account

Bank Account Number

ABA Number (Available from your bank)
()

Bank Phone Number

This is a: Checking Account Savings Account

James A. Sample 123 Main Street Anywhere, USA 12345	0001
Pay to the order of:	_____
_____	DOLLARS
ANY BANK IN USA We cannot establish options in Sections 7 or 9 without it.	VOID
1 1234567890123456789012 0001	

11. Signatures (All Account Owners/Trustees Must Sign)

By signing below:

- I certify that I have received and read the current Prospectus for the Castle Focus Fund and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I understand that the Castle Focus Fund is not backed or guaranteed by any bank, or insured by the FDIC.
- I authorize the Castle Focus Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which exchanges are made. I agree that neither the Castle Focus Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

By completing Section 10 and signing below:

I authorize debits from the bank account referenced in conjunction with the account options selected. I agree that the Castle Focus Fund shall be fully protected in honoring any such transaction. I also agree that the Castle Focus Fund may make additional attempts to debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

Under penalty of perjury, I certify that:

- The Social Security Number or Taxpayer Identification Number shown on this application is correct.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

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

Date
Signature of Individual Owner, Trustee, Custodian, etc.

Date
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable)

Date
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable)

If you have any questions, please call: 1-877-743-7820

Please return application to:

**Castle Focus Fund
c/o Mutual Shareholder Services, LLC
8000 Town Centre Dr., Suite 400
Broadview Hts., OH 44147**

THE USA PATRIOT ACT

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 and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.