

CASTLE INVESTMENT MANAGEMENT

IRA Account Application - Castle Focus Fund

Do not use this application to establish a regular Castle Focus Fund account. To print out a regular Shareholder Account Application and/or an IRA Transfer Form, 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.

To open your IRA account 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. Social Security Number

Social Security Number

2. Account Registration (Please Print or Type)

Name (First, Middle, Last)

Date of Birth

3. Mailing Address

Street

City, State, Zip Code

() ()

Daytime Telephone

Evening Telephone

Additional Address (optional) to send copies of confirms/statements

Name

Street

City, State, Zip Code

4. Type of Account

- | | |
|--|--|
| <input type="checkbox"/> Traditional IRA, For the Tax Year _____ | <input type="checkbox"/> Educational IRA, Tax Year _____ |
| <input type="checkbox"/> Spousal IRA, For the Tax Year _____ | <input type="checkbox"/> Roth Conversion IRA |
| <input type="checkbox"/> Roth Spousal IRA, For the Tax Year _____* | <input type="checkbox"/> Roth IRA, For the Tax Year _____* |
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Simplified Employee Pension (SEP) IRA, For the Tax Year _____ |
| <input type="checkbox"/> Catch - Up IRA, For Tax Year _____ | <input type="checkbox"/> SIMPLE IRA |

IF THE ACCOUNT IS A ROLLOVER, COMPLETE THE FOLLOWING:

- | | |
|--|---|
| <input type="checkbox"/> Rollover of an existing Traditional IRA to a Traditional IRA | |
| <input type="checkbox"/> Simplified Employee Pension (SEP) IRA to a Traditional IRA | |
| <input type="checkbox"/> Employer Sponsored SIMPLE IRA to a Traditional IRA | |
| <input type="checkbox"/> Simplified Employee Pension (SEP) IRA to a SEP IRA | |
| <input type="checkbox"/> Previous Qualified Employer Plan or 403(b) to a Traditional IRA | |
| <input type="checkbox"/> Traditional IRA to a Roth IRA* | |
| <input type="checkbox"/> Traditional IRA to Roth Conversion IRA | <input type="checkbox"/> Roth IRA to Roth IRA |
| <input type="checkbox"/> Roth Conversion IRA to Roth IRA* | <input type="checkbox"/> Other IRA to Roth IRA* |
| <input type="checkbox"/> Other IRA to Roth Conversion IRA | |

* If you want to commingle Roth annual contributions and conversion amounts in one account, select a Roth IRA account (and not a Roth Conversion IRA).

If you are age 70 1/2 or older, you must take your required minimum distribution from your present IRA with the current Custodian before rolling over your retirement assets to the Mundoval Fund.

IF THE ACCOUNT IS A TRANSFER, CHECK THE FOLLOWING:

- Transfer of existing IRA, Roth IRA or SEP-IRA from another Custodian.
You did not have constructive receipt of assets, assets are a direct transfer from previous Custodian (you must also complete the Fund IRA Transfer Form).

5. Your Fund Selection(s)

Minimum Initial Investment Amount:

- \$2,000 per IRA account
- \$2,000 with an Automatic Investment Plan (AIP)
(For AIP, complete Sections 10 and 11)

Payment by Check

Make check payable to
Castle Focus Fund.

Purchase by Wire

Call 1-877-743-7820 for instructions.

Castle Focus Fund – Investor Class

Total \$ _____

6. Beneficiary Designation

I designate the individual(s) named below the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. (If you are not survived by any beneficiary, see "Designation of a Beneficiary or Beneficiaries" section of the IRA Disclosure Statement for the distribution of your account assets.)

Primary Beneficiary(ies)

Name

Social Security Number

Date of Birth

% of Account

Relationship

Name

Social Security Number

Date of Birth

% of Account

Relationship

Secondary Beneficiary(ies)

Name

Social Security Number

Date of Birth

% of Account

Relationship

Name

Social Security Number

Date of Birth

% of Account

Relationship

7. Spousal Consent (If Applicable)

Your state may require the spousal consent below if you live in a community or marital property state and you designate someone other than your spouse as a beneficiary. Consult your tax adviser.

I hereby consent to and join in the designation of the beneficiary(ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

Name of Spouse

Signature of Spouse

Date

Application is continued on the back

