

# TARKIO FUND IRA APPLICATION

Mail to:  
 Mutual Shareholder Services  
 8000 Town Centre Rd, #400  
 Broadview Heights, OH 44147

For help with this form call:  
 (866) 738-3629 toll free

## ACCOUNT INFORMATION *(please print)*

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 BUSINESS PHONE ( ) \_\_\_\_\_ HOME( ) \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 EMAIL \_\_\_\_\_

## CONTRIBUTION INFORMATION

Account Type (check one):

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Traditional  | <input type="checkbox"/> SEP IRA    |
| <input type="checkbox"/> Roth   | <input type="checkbox"/> Spouse IRA |
| <input type="checkbox"/> Rollover   | <input type="checkbox"/> Transfer   |
| <input type="checkbox"/> Coverdell Education Savings Account<br><i>(formerly Education IRA)</i> |                                     |

Initial Contribution (check one):

- |   |
|---|
| <input type="checkbox"/> Check payable to the Tarkio Fund<br>Amount \$ _____ for tax year _____ |
| <input type="checkbox"/> Direct Rollover<br>(Attach IRA Transfer Request form)                  |
| <input type="checkbox"/> Direct Transfer<br>(Attach IRA Transfer Request form)                  |

## DESIGNATION OF BENEFICIARY

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me.

FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1. _____	____-____-____	_____	____/____/____	_____%
2. _____	____-____-____	_____	____/____/____	_____%
3. _____	____-____-____	_____	____/____/____	_____%

\*If no percentage indicated the beneficiaries will share equally.

## SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence, and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint Huntington National Bank to act as Custodian of my account. I indemnify Huntington National Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and the IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in the application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are the insured by the FDIC.

SIGNATURE	_____/____/____ DATE
SPOUSAL SIGNATURE (if applicable)	_____/____/____ DATE
HUNTINGTON NATIONAL BANK SIGNATURE	_____/____/____ DATE

Huntington National Bank *accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.*

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## AUTOMATIC INVESTMENT PLAN

YES, I/we want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your Tarkio Fund IRA from your bank, savings and loan, or credit union using ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check.

AMOUNT \$\_\_\_\_\_ (MINIMUM \$100)

FREQUENCY:

MONTHLY       QUARTERLY

DAY FOR INVESTMENT:

ACH TRANSFERS WILL BE PROCESSED ON THE 20<sup>TH</sup> OF EACH MONTH. IF THE 20<sup>TH</sup> FALLS ON A WEEKEND OR HOLIDAY IT WILL BE PROCESSED ON THE FIRST BUSINESS DAY THERE AFTER.

It is understood that this authorization may be terminated by me/us at any time by written notification to Tarkio Fund. The termination request will be affective as soon as the Fund has had reasonable time to act upon it.

## DUPLICATE CONFIRMATIONS AND STATEMENTS

Please send duplicate confirmations and statements to:

FRONT STREET CAPITAL MANAGEMENT  
PO Box 9168  
MISSOULA MT 59807

IF BROKER-DEALER/ADVISOR:

REP NAME: \_\_\_\_\_

BRANCH NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_