

Send, fax, or email this completed form to: Mutual Shareholder Services, LLC Attn: MP63 Fund (DRIPX) 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147 Email: TOlexo@mutualss.com Fax: 440-526-4446

## FUND AUTOMATIC INVESTMENT (ACH) FORM

Please print or type

## ACCOUNT INFORMTION

Account Holder Name(s):			
Account Number:	npanies new application)		
TRANSFERS (any amount)			
Transfer the amount of \$	TO the account listed ab	ove on the frequer	ncy selected below.
Please select on option   Monthly beginning on the 10th   Quarterly beginning on the 10th   Annually beginning on the 10th   BANK INFORMATION   Please complete with your bank information	or 20th of or 20th of	(ir	nsert month)
Bank Name:			
Bank Address:	City	State	Zip
Account Number:		_ Checking	Savings
ABA Transit Routing Number (Bank):			

## Please attach a copy of a voided check (checking account) or a pre-printed deposit slip (savings account) from the bank to enable transfer of funds.

I hereby authorize Mutual Shareholder Services, LLC upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. I acknowledge that this authorization may only be revoked byproviding written notice to Mutual Shareholder Services, LLC in such time and manner as to afford Mutual Shareholder Services, LLC and the bank a reasonable opportunity to act upon it.

Signature of Primary Account Holder Date

Signature of Additional Account Holder Date

## For Joint Account Registrations:

If the name(s) on your bank account in Section I are not identical to the mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.