## THE MP 63 FUND, INC. (DRIPX) NEW ACCOUNT APPLICATION for Uniform Gift to Minor

This form can be used for individual accounts, joint accounts, transfers/gifts to minors, trust accounts, and certain tax-deferred accounts, such as Keoghs, profit-sharing plans, pensions, and IRAs held at another trustee or custodian. Call for an IRA or Roth IRA application, or, for help with this application, 1-877-MP 63FUN (1-877-676-3386).

Mail to: The MP 63 Fund, Inc., c/o Mutual Shareholder Services, LLC, 8000 Town Centre Drive Suite 400, Broadview Heights, OH 44147

(For Individual or Joint Owners)	First Name Middle Name Last Name Social Security#/ITIN# Date of Birth						
	Joint Owner Social Security#/ITIN# Date of Birth						
	Joint registration will be "Joint Tenants with Right of Survivorship" unless otherwise specified:						
(For Uniform Transfers/Gifts to Minors Act Accounts)	Custodian's Name (only one allowed) Custodian's Social Security#/ITIN# Date of Birth						
	Minor's Name (only one allowed) Minor's Social Security#/ITIN# Date of Birth						
	State of Residence						
(For Corporate							
Trust or Other Fiduciary Accounts)	Name of Corporation, Trust, etc.						
	Name and Date of Trust (continued)						
	Name(s) of Trustee(s), Beneficiary, etc.  Tax ID Number						
UR ADDRESS	FOR MAILINGS						
	Number and Street						
	Apartment, Floor, or Room Number Telephone No. (include area code)						
	City, State, Zip						
TIAL INVEST	MENT						
Enter Amount Below	By check, please make check payable to The MP 63 Fund and mail to the add						
(No minimum)	By wire or overnight courier, please call 1-877-MP63FUN (676-3386) for instruc						
\$							
TRIBUTIONS	SINSTRUCTIONS						
	U.S. Citizen Other:(Country of Residence)  Dividends and capital gains distributions will be reinvested unless a box is checked indicating  Dividends in cash; capital gain distributions reinvested						
	☐ Dividends in cash; capital gain distributions reinvested						

## **NEW ACCOUNT APPLICATION** (continued) The MP63 FUND, Inc. (1-877-MP63FUN)

## **AUTOMATIC INVESTMENT PLAN (Optional)**

I/we would like to have Mutual Shareholder Services draw an Automatic Clearing House (ACH) debit electronically against my account in the Financial Institution listed below, to purchase shares of THE MP 63 FUND, INC.

I/we understand that the shares of the Fund are purchased on the day of the debit. I also understand that if the auto matic purchase cannot be made owing to insufficient funds or a stop payment notice, a \$15.00 fee will be assessed.

Mark one of your personal checks "VOID" and attach the voided check to this application, or fill in the information below. As soon as your Financial Institution accepts your authorization, debits will be generated and purchases of Fund shares will begin. Please note that your Financial Institution must be able to accept ACH transactions.

	Allow one month for the pr	rocessing of	the Automatic Inv	vestment P	lan before	the first debi	it occurs.			
	<b>Monthly</b> : Please begin Automatic Investing for me and invest \$(any amount) to buy shares of the Fund on either the 10th or the 20th of each month (circle one), or the first business day thereafter.									
	Quarterly: Please begin quarterly automatic investing for me and invest \$(any amount) to buy shares of the Fund on the 10th or the 20th of the month, or first business day thereafter, beginning in the month of March June September December. (circle one)									
	Name of my Financial Institution Address of my Financial Institution									
	My Financial Institution's ABA Nun		My Account Numb		Name(s) on A					
	I/we understand that my ACH d not honored upon presentation, shares may be reversed. I furthe sal may be less than the net asset to redeem sufficient additional I Investment Plan may be discont by written notice to Mutual Sha the specified investment date.	Mutual Shareher understand the value on the full and fraction inued by Mutu	nolder Services may contact the net asset valued day of the original pural shares from my and Shareholder Servi	discontinue to e of the shar purchase. Mu account to ma ces upon 30	his service, as es of the Fun tual Sharehol ake up the de days' written	nd any purchased at the time of der Services is ficiency. The Anotice or by the	se of Fund f such rever authorized Automatic ne investor			
	Signature of Depositor Signature	gnature of Co-D	epositor (required for jo	oint accounts)	Da	te				
REDI	EMPTIONS BY TELEPHO	ONE (Option	nal)							
	I/we would like to be able to pla directly to my Financial Institut ience to me, and I agree that nei cost arising from one of these to be charged an \$10.00 processing	ion account list ther the Fund ransactions. If	ted below. I understa nor Mutual Sharehol you choose to have r	and that these der Services redemption p	e procedures will be liable roceeds wired	are offered as a e for any loss, a d to your accord	a conven expense, or			
	Name of my Financial Institution (f	rom which funds	s will be drawn)	Address of	my Financial	Institution				
	My Financial Institution's ABA Num	nber	Account Number		Name(s) on th	e Account				
	Signature of Depositor	Signatu	are of Co-Depositor (rec	quired for join	t accounts) Da	te				
SIGN	ATURES:									
	By signing this new account app	plication, I/we	certify under penalty	of perjury t	hat:					
	• I/we have full authority and leg shares and to use the options s			the organiza	ation named a	above to purcha	ase the Fund			
	• I/we have received and read a current prospectus of the Fund, agree to be bound by its terms, and understand the risks associated with investing in the Fund.									
	• I/we hereby ratify any instruct sors and assigns do hereby rel- Distributor, its Custodian, and the performance of the acts in provided in the prospectus).	ease the Fund, their respective	its Investment Advis ve officers, employees	ers, its Admi s, agents, and	inistrator, its ' I affiliates fro	Transfer Agent om any and all	, its liability in			
	• The following is required by F	ederal law to a	woid backup withhole	ding:						
	<ul> <li>By signing below, I/we certify correct and that I/we have not is checked.</li> </ul>	under penaltie been notified l	es of perjury that the by the IRS as being s	taxpayer ide subject to bac	ntification nuckup withholo	mber entered ding unless the	above is box below			
	If you have been notified by the	_	_	ckup withho	olding, check	a box:				
	Please sign below: (If joint acc	ount, both own	ners must sign.)							
	Signature (Owner, Trustee, or Custo	odian)	Signature (Joint Ov	vner or Co-Tru	ustee)	Date				
How d	id you hear about The MP63	Fund (DRI	PX)?							

For information and assistance please call 1-877-MP63FUN (1-877-676-3386)

MAILING ADDRESS