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

ACCOUNT REGISTRATION

(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

YOUR ADDRESS FOR MAILINGS

Number and Street

Apartment, Floor, or Room Number Telephone No. (include area code)

City, State, Zip

INITIAL INVESTMENT

Enter Amount Below
(No minimum)

$ _____

By check, please make check payable to The MP 63 Fund and mail to the address above.

By wire or overnight courier, please call 1-877-MP63FUN (676-3386) for instructions.

DISTRIBUTIONS INSTRUCTIONS

U.S. Citizen_____ Other: _____(Country of Residence)

Dividends and capital gains distributions will be reinvested unless a box is checked indicating otherwise:

☐ Dividends in cash; capital gain distributions reinvested

☐ Dividends and capital gain distributions in cash

IMPORTANT: This form is continued on the reverse

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 processing of the Automatic Investment Plan before the first debit occurs.

Monthly: Please begin Automatic Investing for me and invest $_____(any amount) to buy shares of the Fund on either the10th 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 the10th 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 Number | My Account Number | Name(s) on Account

I/we understand that my ACH debit will be dated each month on the day specified above. I agree that if such debit is not honored upon presentation, Mutual Shareholder Services may discontinue this service, and any purchase of Fund shares may be reversed. I further understand that the net asset value of the shares of the Fund at the time of such rever sal may be less than the net asset value on the day of the original purchase. Mutual Shareholder Services is authorized to redeem sufficient additional full and fractional shares from my account to make up the deficiency. The Automatic Investment Plan may be discontinued by Mutual Shareholder Services upon 30 days' written notice or by the investor by written notice to Mutual Shareholder Services, provided the notice is received no later than 5 business days prior to the specified investment date.

Signature of Depositor | Signature of Co-Depositor (required for joint accounts) | Date

REDEMPTIONS BY TELEPHONE *(Optional)*

I/we would like to be able to place redemption orders by telephone and have the proceeds mailed to me or wired directly to my Financial Institution account listed below. I understand that these procedures are offered as a conven ience to me, and I agree that neither the Fund nor Mutual Shareholder Services will be liable for any loss, expense, or cost arising from one of these transactions. *If you choose to have redemption proceeds wired to your account, you will be charged an $10.00 processing fee for each wire you request*. Please supply the following information:

Name of my Financial Institution (from which funds will be drawn) | Address of my Financial Institution

My Financial Institution's ABA Number | Account Number | Name(s) on the Account

Signature of Depositor | Signature of Co-Depositor (required for joint accounts) | Date

SIGNATURES:

By signing this new account application, I/we certify under penalty of perjury that:

- I/we have full authority and legal capacity for myself/ourselves or the organization named above to purchase the Fund shares and to use the options selected on this Application.
- 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 instructions given pursuant to this Application and for myself/ourselves and any/our succes- sors and assigns do hereby release the Fund, its Investment Advisers, its Administrator, its Transfer Agent, its Distributor, its Custodian, and their respective officers, employees, agents, and affiliates from any and all liability in the performance of the acts instructed herein (except when such acts are in violation of the law or the information provided in the prospectus).
- The following is required by Federal law to avoid backup withholding:
- By signing below, I/we certify under penalties of perjury that the taxpayer identification number entered above is correct and that I/we have not been notified by the IRS as being subject to backup withholding unless the box below is checked.

If you have been notified by the IRS that you are subject to backup withholding, check box: ☐

Please sign below: (If joint account, both owners must sign.)

Signature (Owner, Trustee, or Custodian) | Signature (Joint Owner or Co-Trustee) | Date

How did you hear about The MP63 Fund (DRIPX)?

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

MAILING ADDRESS

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