

MP63 Fund

Send completed forms to:
Mutual Shareholder Services, LLC
Attn: MP63 Fund
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

FUND AUTOMATIC INVESTMENT (ACH) FORM

Please print or type

ACCOUNT INFORMATION

Account Holder Name(s): _____

Account Number: _____
(Leave blank if form accompanies new application)

TRANSFERS (any amount)

Transfer the amount of \$ _____ TO the account listed above on the frequency selected below.

Please select on option

_____ Monthly beginning on the 10th or 20th of _____ (insert month)

_____ Quarterly beginning on the 10th or 20th of _____ (insert month)

_____ Annually beginning on the 10th or 20th of _____ (insert month)

BANK INFORMATION

Please complete with your bank information

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 by providing 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.

Bank Account Owner's Name

Bank Account Owner's Signature Date