

**Single ACH Deposit Authorization Form
MP 63 Fund (DRIPX)**

Please follow these instructions to authorize One-Time Investments into your account via ACH Debits from your Checking or Savings Account. (Once these instructions are on file you may call or fax your investments.)

Shares are purchased based on the 4 pm closing price on the day your instructions are received.

(Phone and Fax numbers are shown at the bottom of this form.)

Account Holder Name(s): _____

Account Number: _____

With this form I am authorizing Mutual Shareholder Services (transfer agent for DRIPX) to withdraw funds from my bank account via an ACH Debit and invest the amount authorized into my MP 63 Fund (DRIPX) account. I would like to invest \$_____ One Time (and I may call or fax with additional investments)

These instructions are adding a provision for time-to-time one-time investments.

These instructions replace existing automatic-investment instructions in my account.

Place voided check here

Bank Name: _____

Bank Address: _____

Bank Account Number: _____ Checking Savings

Bank ABA Transit Routing Number: _____

Please return this completed form by mail, fax, or email:

Mail: Mutual Shareholder Services, LLC
Attn: MP 63 Fund (DRIPX)
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

For Future Investments ▷ **Phone:** 1-877-676-3386 **Fax:** 1-440-526-4446

Email: Info@mutualss.com

(For new accounts, we only accept ACH debits on the 5th and the 20th of the month.)

Signature of Primary Account Holder

Signature of Additional Account Holder

Date

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

Signature of Primary Account Holder

Signature of Additional Account Holder

Date