

# IRA Account Application

It's easy to fill out this application. Just complete all relevant sections, sign in ink, return your completed application to Epiphany Funds and keep a copy for your records.

**Use this form for Traditional, Roth, SEP and SIMPLE IRAs.**

## 1. INVESTOR INFORMATION

Please complete the information as it should appear on your account.

## 2. PERMANENT STREET ADDRESS

Please complete this section with your address.

## 3. ACCOUNT INFORMATION

Please sign up for electronic delivery of Fund documents.

## 4. BROKER / DEALER INFORMATION

Please supply your broker/dealer's information if shares are being purchased through a dealer.

## 5. TYPE OF IRA

Please select the type of IRA you wish to open.

## 6. INVESTMENT OPTIONS

Please select the investment choices and distribution options.

## 7. VOIDED CHECK AND BANK INFORMATION

Please attach a voided check if you select an automatic investment plan, wire redemptions, EFT purchases, or EFT redemptions.

## 8. TELEPHONE OPTIONS

Please select if you would like telephone redemption services.

## 9. BENEFICIARY INFORMATION

Please select a beneficiary and a contingent beneficiary, if applicable.

## 10. SPOUSAL CONSENT

Please fill out if applicable

## 11. SIGNATURE

Please be sure to read the agreement and sign your application in ink.

## 12. MAIL APPLICATION

Please mail signed application to:

**EPIPHANY FUNDS**  
C/O MATRIX CAPITAL GROUP  
630-A FITZWATERTOWN ROAD 2<sup>ND</sup> FLOOR  
WILLOW GROVE, PA 19090  
**TOLL FREE 800-320-2185**  
**[www.epiphanyfund.com](http://www.epiphanyfund.com)**

### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

In compliance with the USA Patriot Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, Epiphany reserves the right to redeem your account at the current day's net asset value. Epiphany will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from closing your account.



## IRA Account Application

*For Traditional, Roth, SEP and SIMPLE IRAs*

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account.

### 1. Investor Information

\_\_\_\_\_  
Name (First, MI, Last) \_\_\_\_\_  
Date of Birth (Mo/ Day / Yr)

\_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License or State ID Number \_\_\_\_\_  
State of Issue

***If this account is for a minor, the guardian must fill out this section.***

\_\_\_\_\_  
Guardian's Name (First, MI, Last) \_\_\_\_\_  
Date of Birth (Mo/ Day / Yr)

\_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License or State ID Number \_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Relationship to Minor

### 2. Permanent Street Address (Residential Address or Principal Place of Business)

\_\_\_\_\_  
Street Address (No P.O. Boxes) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (If different from above) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Evening Phone Number

### 3. Account Information

Epiphany Funds is pleased to offer electronic delivery of Fund documents. Once you have received your trade confirmation with your account number, you may elect to receive Fund documents electronically by visiting the MY ACCOUNT section of the website at [www.epiphanyfund.com](http://www.epiphanyfund.com).

What is your email address to receive electronic communication? \_\_\_\_\_

How did you hear about Epiphany Funds? \_\_\_\_\_

### 4. Broker / Dealer Information

\_\_\_\_\_  
Broker / Dealer Name \_\_\_\_\_  
Branch Number

\_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Representative Number

\_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code



**5. Type of IRA** - If no tax year is indicated, we will assume it is for the current tax year.

**Traditional IRA Account**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (*please complete IRA Transfer Form*)
- Rollover (shareholder had receipt of funds)

**IRA Rollover Account**

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
  - Corporate
  - Pension
  - PSP
  - 401(k)
  - 403(b)
  - Other

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**Roth IRA Account**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)

**SEP (Simplified Employee Pension Plan)** -- Each employee must complete an *IRA Application*.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

**SIMPLE IRA** \* (Be sure to complete Section 9)

**6. Investment Options** – If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check to Section 7 of this application.

- By Check: Make check payable to **Epiphany Funds**.
- By wire: Call 877-977-3747 for instructions

Investment Amount (\$1,000 Minimum)      \$ \_\_\_\_\_

**OR**

Amount per Draw (\$100.00 Minimum)	AIP Start Month	AIP Start Day 1 <sup>st</sup> or 15 <sup>th</sup>
\$ _____	_____	_____

**Please keep in mind that:**

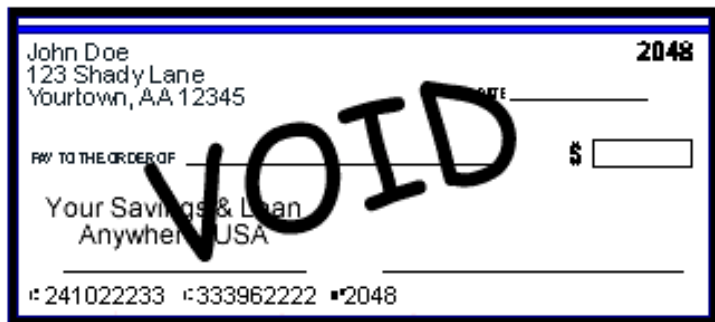
- Your signed application must be received at least 15 business days prior to your initial transaction.
- There is a \$20 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares



## 7. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, please attach a voided check. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH.)



## 8. Telephone Options

(Your signed application must be received at least 15 business days prior to initial transaction.)

- You may redeem shares from your account by calling a Matrix Capital Group Transfer Agent at 877-977-3747. Please check here to establish Telephone/Mail redemption service.

## 9. Beneficiary Information

**Primary Beneficiary** \_\_\_\_\_ % of Account \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (First, MI, Last) Social Security Number Date of Birth (Mo/ Day / Yr)

\_\_\_\_\_  
Street Address City State Zip

**Contingent Beneficiary** \_\_\_\_\_ % of Account \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (First, MI, Last) Social Security Number Date of Birth (Mo/ Day / Yr)

\_\_\_\_\_  
Street Address City State Zip



## 10. Spousal Consent

If you are married and a resident of a community property state, you need your spouse's consent to designate a beneficiary other than your spouse. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection.

I am the spouse of the Depositor identified above. I consent to my spouse's Beneficiary Designation.

**Signature of Spouse:** X \_\_\_\_\_

**Date:** \_\_\_\_\_

## 11. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Epiphany Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Epiphany Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Epiphany Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Epiphany Funds") will not be responsible for banking system delays beyond their control. By completing section 5, I authorize my bank to honor all entries to my bank account initiated through Matrix Capital Group on behalf of the applicable Fund. The Epiphany Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
Depositor / Legally Responsible Individual's Signature

\_\_\_\_\_  
Date (Mo / Day / Yr)

Appointment as Custodian accepted: Matrix Capital Group, Inc. Agent

**EPIPHANY FUNDS**  
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**TOLL FREE 800-320-2185**