

Regular Application - New Account

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 Individual, Joint Tenant, Custodial UTMA or UGMA taxable accounts.
****Do not use this form for IRA accounts****

1. INVESTOR INFORMATION

Please select the type of account and complete the information as it should appear on your account.

2. PERMANENT STREET ADDRESS

Please complete this section with your address. Also, select if you would like duplicate statements mailed.

3. INVESTMENT OPTIONS

Please select the investment choices and distribution options.

4. BROKER / DEALER INFORMATION

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

5. AUTOMATIC INVESTMENT PLAN (AIP)

Please select this option if you would like funds to be automatically transferred from your bank account monthly.

6. TELEPHONE AND MAIL OPTIONS

Please select if you would like telephone redemption and purchasing services as well as electronic communications.

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. SIGNATURE AND CERTIFICATION REQUIRED BY THE IRS

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

9. MAIL APPLICATION

Please mail signed application to:

EPIPHANY FUNDS
C/O MATRIX CAPITAL GROUP
630-A FITZWATERTOWN ROAD 2ND FLOOR
WILLOW GROVE, PA 19090
TOLL FREE 800-320-2185
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.



Regular Application (New Account)

Please do not use this form for IRA accounts.

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 – Select one

Individual

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

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

Joint Owner

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

Social Security Number _____
Driver's License or State ID Number _____
State of Issue
Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified

Gift to Minor

Guardian's Name (First, MI, Last) *Only one permitted* _____
Date of Birth (Mo/ Day / Yr)

Guardian's Social Security Number _____
Driver's License or State ID Number _____
State of Issue

Minor's Name (First, MI, Last) *Only one permitted* _____
Date of Birth (Mo/ Day / Yr)

Minor's Social Security Number _____
Minor's State of Residence

Corporation/
Trust *

Name of Trust/Corporation/Partnership and State of Organization

Partnership *

Name(s) of Trustee(s)

Other Entity *

Social Security Number / Tax ID Number _____
Date of Agreement (Mo / Day / Yr)

* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals or corporate officers.



2. Permanent Street Address (Residential Address or Principle 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 _____

- Duplicate Statement #1 *Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

Street Address _____

City _____ State _____ Zip _____

- Duplicate Statement #2 *Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

Street Address _____

City _____ State _____ Zip _____

3. Investment Options

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

Investment Amount (\$2,500 Minimum) \$ _____

Distribution Options

- Capital Gains & Dividends Reinvested
- Capital Gains Reinvested & Dividends in Cash
- Capital Gains & Dividends in Cash *

If nothing is checked, all distributions will be reinvested.

* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

4. Broker / Dealer Information

Broker / Dealer Name _____ Branch Number _____

First Name _____ Last Name _____ Representative Number _____

Street Address _____ City _____ State _____ Zip Code _____



5. Automatic Investment Plan (AIP)

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

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.

Amount per Draw
(\$100.00 Minimum)

AIP Start Month

AIP Start Day 1st or 15th

\$ _____

Please keep in mind that:

- 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.

6. Telephone and Mail Options

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

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

Redemption – Permits the transfer of funds via:

- Check to address in Section 2.
- Federal wire to your bank account below.
- EFT, at no charge, to your bank below (funds are typically credited within two days after redemption.) *

Purchase (EFT) (\$250 Minimum) – Permits the on-demand purchase of shares from your bank account. *

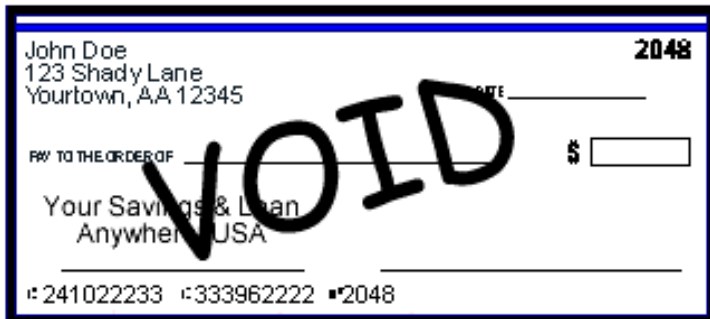
Email Address – Permits electronic communications. _____

* If you select this option, please attach a voided check below.

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. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for the Epiphany Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory 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 their transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

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 sections 4, 5, or 6, 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.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Owner*

Date (Mo / Day / Yr)

Signature of Owner*

Date (Mo / Day / Yr)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

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