



# IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: Greenspring Fund  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Greenspring Fund  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free 1-800-576-7498 or visit us on the web at www.greenspringfund.com.

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. We will return your application if any of this information is missing, and we may request additional information for 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 as an age-appropriate distribution at the current day's net asset value.

## 1. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

**Traditional IRA Account**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA – Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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 \_\_\_\_\_

**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)
- Inherited IRA – Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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 10)**

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

## 2. Investor Information

Individual

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER BIRTHDATE (MM/DD/YYYY)

**3. Permanent Street Address** Residential Address or Principal Place of Business – Foreign addresses and P.O. Boxes are not allowed.

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

**Mailing Address (if different from Permanent)**

*If completed, this address will be used as the Address of Record for all statements, checks, and required mailings. Foreign addresses are not allowed. A P.O. Box may be used as the mailing address.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #1**

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

COMPANY NAME \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #2**

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

COMPANY NAME \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**4. Investment Amount**

\$1,000 minimum

\$ \_\_\_\_\_  
(GE-1705)

**By check: Make check payable to Greenspring Fund.**

*Note: All checks must be in U.S. dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post-dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.*

**By wire: Call 1-800-576-7498.**

*Note: A completed application is required in advance of a wire.*

**5. Automatic Investment Plan**

*Your signed application must be received at least 7 business days prior to initial transaction.*

If you choose this option (\$100 minimum), funds will be automatically transferred from your bank account. Please attach a voided check or preprinted savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP (check one):**  Bi-Monthly  Monthly  Quarterly  Semi-Annually

*If no option is selected, the frequency will default to monthly.*

Amount per Draw

AIP Start Month

AIP Start Day

\$ \_\_\_\_\_

**Please keep in mind that:**

- There is a \$25 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 Internet Options**

**Purchase (EFT)** (\$100.00 minimum) - permits the purchase of shares from your bank account.\*

**Redemption** (\$100 minimum) – permits the transfer of funds via:

- Check to address in section 2
- Federal wire to your bank account below (\$15 charge for each wire)\*
- EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)\*

*\*You must provide bank instructions and a voided check or preprinted savings deposit slip in Section 7. Online redemptions not permitted.*

**7. Bank Information**

*If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).*

**ATTACH VOIDED CHECK OR  
PREPRINTED SAVINGS  
DEPOSIT SLIP HERE**

**8. Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper.)*

**Primary**

NAME RELATIONSHIP CITY / STATE / ZIP

SOCIAL SECURITY NUMBER DOB PERCENTAGE

NAME RELATIONSHIP CITY / STATE / ZIP

SOCIAL SECURITY NUMBER DOB PERCENTAGE

**Secondary**

NAME RELATIONSHIP CITY / STATE / ZIP

SOCIAL SECURITY NUMBER DOB PERCENTAGE

NAME RELATIONSHIP CITY / STATE / ZIP

SOCIAL SECURITY NUMBER DOB PERCENTAGE

**Spousal Consent:** If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE

DATE

## 9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt Greenspring Fund's 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 Greenspring Fund (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 Greenspring Fund 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.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Greenspring Fund") will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Greenspring Fund 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 (MM/DD/YYYY) \_\_\_\_\_

Appointment as Custodian accepted:  
U.S. Bank, NA



## 10. SIMPLE IRA PLANS ONLY

### Employer Information

EMPLOYER (COMPANY) NAME \_\_\_\_\_

EMPLOYER STREET ADDRESS \_\_\_\_\_

EMPLOYER CITY / STATE / ZIP CODE \_\_\_\_\_

EMPLOYER CONTACT (NAME) \_\_\_\_\_

EMPLOYER CONTACT BUSINESS PHONE NUMBER \_\_\_\_\_

## 11. Dealer Information

DEALER NAME \_\_\_\_\_

REPRESENTATIVE'S LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DEALER'S ID \_\_\_\_\_

BRANCH ID \_\_\_\_\_

REPRESENTATIVE'S ID \_\_\_\_\_

### DEALER HEAD OFFICE INFORMATION:

### REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS \_\_\_\_\_

ADDRESS/CODE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

#### Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID number in Section 2?
  - Birth date in Section 2?
  - Full name in Section 2?
  - Permanent street address in Section 3?

- Enclosed your check made payable to Greenspring Fund?
- Included a voided check or a preprinted savings deposit slip, if applicable?
- Signed your application in Section 9?