

ACCOUNT OPTIONS FORM

IMPORTANT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SECTION 1: Account Information

Account Number _____

Owner's Name (Last, First, Middle Initial) _____

Owner's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Joint Owner's Name (if applicable) _____

Mailing Address - P.O. Box is not accepted (Street, City, State, Zip Code) _____

() _____ () _____
Day Phone Evening Phone

E-mail Address _____

Check here if new address

SECTION 2: Automatic Investment Plan

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:
 Establish, Modify, or Discontinue an automatic investment plan.

Fund Name	Amount
Activa Value Fund - Class A	\$ _____
Activa Value Fund - Class I	\$ _____
Total Amount	\$ _____

How often would you like to invest?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each term (month, quarter, or year).

■ Please provide **bank information** in Section 6, if applicable.

SECTION 3: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest
Capital Gains distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account.

■ Please provide **bank information** in Section 6, if applicable.

SECTION 4: Systematic Withdrawal Plan

Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly or annual basis. Please complete this section if you would like to: Establish, Modify, or Discontinue a systematic withdrawal plan.

Fund Name	Amount
Activa Value Fund - Class A	\$ _____
Activa Value Fund - Class I	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about the 15th of each term (month, quarter, or year).

Money is to be sent by: ACH Check or
Fund _____
Account Number _____

■ Please provide **bank information** in Section 6, if applicable.

SECTION 5: Telephone & Online Privileges

Telephone privileges: Add Remove
Online privileges: Add Remove

Adding telephone/online transaction privileges with redemption capabilities requires **bank information**. Please complete Section 6 if you do not have bank information listed on your account.

