

**Thunderstorm  
Value Fund**



# Thunderstorm Value Fund New Account Application

*Please do not use this form for IRA accounts.*

Mail to: Thunderstorm Value Fund  
c/o US Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Thunderstorm Value Fund  
c/o US Bancorp Fund Services, LLC  
615 E. Michigan St. FL 3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free **877-374-3888** or visit us on the web at **www.thunderstormvalue.com**.

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 at the current day's net asset value.

## 1. Investor Information – *Select one*

Individual

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE OR STATE I.D. NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

Joint Owner

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE OR STATE I.D. NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_  
*Registration will be Joint Tenancy with Rights of Survivorship (JTWRWS) unless otherwise specified.*

Gift to Minor

CUSTODIAN'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
(ONLY ONE PERMITTED)  
CUSTODIAN'S SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE OR STATE I.D. NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_  
MINOR'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB (Mo / Dy / Yr) \_\_\_\_\_  
(ONLY ONE PERMITTED)  
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 / Dy / 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.**

**2. Permanent Street Address** (PO Box is not acceptable)  
Residential Address or Principal Place of Business – No Foreign Addresses

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

**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.*

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.*

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.*

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

**3. Investment and Distribution Options**  
\$2,500 minimum initial investment

- By check: Make check payable to the Thunderstorm Value Fund. \$ \_\_\_\_\_  
 By wire: Call 877-374-3888. Indicate amount of wire: \$ \_\_\_\_\_  
*A completed application must be received before you wire out funds.*

- Dividend distributions:  Reinvest  
 Cash by check to AOR in Section 2  
 Cash via ACH to bank (complete Section 9)  
 Capital Gains distributions:  Reinvest  
 Cash by check to AOR in Section 2  
 Cash via ACH to bank (complete Section 9)

*If nothing is selected, all distributions will be reinvested*

**4. Automatic Investment Plan**

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

If you choose this option, Fund 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.

**Please keep in mind that:**

- There is a fee, currently \$25, 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.

Amount per Draw (\$250 minimum per draw) \_\_\_\_\_ AIP Start Month \_\_\_\_\_ AIP Start Day \_\_\_\_\_ AIP Frequency (select one)  
 \$ \_\_\_\_\_  Monthly  Quarterly



