



# Kirr, Marbach Partners Funds

## IRA Application

Mail to: Kirr, Marbach Partners Funds  
 c/o U.S. Bancorp Mutual Fund Services, LLC  
 PO Box 701  
 Milwaukee, WI 53201-0701

Overnight Express Mail To: Kirr, Marbach Partners Funds  
 c/o U.S. Bancorp Mutual Fund Services, LLC  
 615 E. Michigan St., 3<sup>rd</sup> Floor  
 Milwaukee, WI 53202-5207

Please use this form for registration of any IRA account. To obtain additional forms or for help in completing this application, please call: **1-800-870-8039**.

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**. 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 Funds reserve the right to redeem your account as an age appropriate distribution at the current day's net asset value.

### A. Registration

FIRST NAME	M.I.	LAST NAME
SOCIAL SECURITY #	BIRTHDATE (MM/DD/YYYY) (MUST BE OF LEGAL AGE)	

### B. Permanent Address (Foreign Address & PO Boxes are Not allowed)

STREET	APT/SUITE
CITY	STATE
DAYTIME PHONE #	EVENING PHONE #
E-MAIL ADDRESS	

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

FIRST NAME	M.I.	LAST NAME
STREET	PO BOX OR APT / SUITE	
CITY	STATE	ZIP

### Mailing Address (if Different from Permanent Address) (If used, this address will be used as the Address of Record for all Statements, checks, and required mailings. Foreign addresses are not allowed.)

STREET	PO BOX or APT/SUITE
CITY	STATE
DAYTIME PHONE #	EVENING PHONE #
E-MAIL ADDRESS	

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

FIRST NAME	M.I.	LAST NAME
STREET	PO BOX OR APT/SUITE	
CITY	STATE	ZIP

### C. Type of IRA

(Please select only **one** of the following account types)

- Individual Retirement Account (\$1,000.00 minimum)
- Rollover IRA
- SEP IRA
- SIMPLE IRA (Must be accompanied by IRS forms 5305 SA and 5304 SIMPLE)
- Roth IRA
- Conversion Roth IRA (only available with single or joint Adjusted Gross Income of \$100,000 or less)  
 Year of Conversion \_\_\_\_\_ (Year in which traditional IRA was converted to a Roth IRA)

### D. Type of Contribution

(Please select only **one** of the following types of contributions)

- Yearly Contribution for Tax Year \_\_\_\_\_ (If prior year, must be mailed on or before April 15<sup>th</sup>)
- Transfer (assets are a direct transfer from previous custodian). Please attach transfer form.
- Rollover assets (You had **physical receipt** of assets for less than **60 days**) from previous IRA.
- Direct Rollover of Assets from your employer sponsored plan (you **did not** have receipt of assets). Please indicate previous account type. (Direct rollovers not allowed into a Roth IRA).  
 \_\_\_\_\_ Corporate \_\_\_\_\_ Pension Plan \_\_\_\_\_ Profit Sharing Plan \_\_\_\_\_ 401(k) \_\_\_\_\_ 403(b) \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- Rollover Roth

### E. Investment Choices

Total Investment \$ \_\_\_\_\_  
 Fill in the amount or percentage of the total to be invested in each Fund (Minimum investment is \$1,000.00 per fund.)

	Amount	Percentage
<input type="checkbox"/> Kirr, Marbach Partners Value Fund	\$ _____	_____ %
<input type="checkbox"/> Kirr, Marbach FA Retail Treasury Obligations Fund	\$ _____	_____ %

## F. Automatic Investment Plan

Your signed Application must be received at least 15 calendar days prior to initial transaction.

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

Check if savings account

Please start my Automatic Investment Plan as described in the Prospectus beginning:

Month \_\_\_\_\_ Year \_\_\_\_\_. I hereby instruct U.S. Bank N.A., Transfer Agent for the Kirr, Marbach Partners Funds to automatically transfer \$ \_\_\_\_\_ (minimum \$100) directly from my checking, NOW, or savings account named below on the \_\_\_\_\_ of each month or the first business day thereafter. I understand that I will be assessed a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason. Automatic investment plan contributions to your IRA will be reported as current year contributions.

\_\_\_\_\_  
NAMES ON BANK ACCOUNT

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
BANK ROUTING / ABA #

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER

## G. Beneficiary Primary

## Secondary

\_\_\_\_\_  
NAME RELATIONSHIP

\_\_\_\_\_  
NAME RELATIONSHIP

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

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

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

\_\_\_\_\_  
SOCIAL SECURITY # BIRTHDATE

\_\_\_\_\_  
SOCIAL SECURITY # BIRTHDATE

## H. Telephone Exchange

Permits the exchange between identically registered Kirr, Marbach Partners Funds accounts. Call 1-800-870-8039.

## I. Signatures

I adopt the Kirr, Marbach Partners Funds Individual Retirement Account and appoint U.S. Bank N.A. to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have read and understand the IRA Disclosure Statement and Custodial Account Agreement. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares from my account balance. I further agree to follow all of the terms and conditions of the IRA Custodial Account Agreement.

I have received and understand the prospectus for the Kirr, Marbach Partners Value Fund ("Value Fund") and/or the Kirr, Marbach FA Treasury Obligations Fund ("Treasury Obligations Fund"), together referred to as the "Funds". I understand the Funds' investment objectives and policies and agree to be bound by the terms of the applicable prospectus. Before I request an exchange between the Funds, I will obtain the current prospectus of the Value Fund or the Treasury Obligations Fund. I acknowledge and consent to the house holding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds 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 Funds and their transfer agents shall not be liable if I fail to notify the Funds 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 "Kirr, Marbach Partners Funds") will not be responsible for banking system delays beyond their control. By completing the banking section of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank N.A., on behalf of the applicable Fund. Kirr, Marbach Partners 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 Funds transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

**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, (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 and (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

\_\_\_\_\_  
DATE

Appointment as custodian accepted:



\_\_\_\_\_  
U.S. Bank N.A.

\_\_\_\_\_  
DATE