

IRA ADDITIONAL INVESTMENT FORM

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 (if applicable)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

()
Day Phone

()
Evening Phone

E-mail Address

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

Account Type:

☐ Traditional IRA (Including Rollover IRAs)

☐ Roth IRA

☐ SEP IRA

Contribution Type:

☐ Traditional IRA *For the year: _____

☐ Roth IRA *For the year: _____

☐ Rollover (including a direct rollover from an employer's plan)

☐ SEP IRA *For the year: _____

* If no tax year is specified, the contribution will be deemed as a current year contribution. Prior year contributions may only be made between January 1st and the tax deadline (typically, April 15th though the tax deadline date may vary from year-to-year).

How would you like to make your fund purchase?

☐ **Check** - Make your personal check payable to DGI Fund and enclose it with your application.

☐ **Electronically** - Make a one-time withdrawal from the bank account listed in Section 7 for the amount indicated.

☐ **Wire** - Call our Shareholder Services Department at: 1-855-DGI-Fund (344)-(3863) for incoming wiring instructions.

Investment Amount: \$ _____

Please Note: Bank information must be on file prior to the request for purchase or redemption. If you choose to, please complete Section 3. If no tax year is indicated, contribution is posted for the tax year it is received.

SECTION 3: Bank & Alternate Payee Information

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

☐ I would like to **add** bank information to this account to authorize purchase and redemptions via:

☐ ACH transfer and/or ☐ Wire transfer.

I understand this authorization will allow me to make such transactions via telephone with an Investor Service Representative; using the automated service line; or on the website at www.DGIFund.com.

☐ I would like to **modify** my current bank information on this account for purchases and redemptions via:

☐ ACH transfer and/or ☐ Wire transfer.

Account type:

☐ Checking

☐ Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

SECTION 3: Bank & Alternate Payee Information (continued)

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a **signature guarantee**. Please see Section 8.

I authorize DGI Fund to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that DGI Fund will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to DGI Fund. The termination request will be effective as soon as DGI Fund has had reasonable time to act upon it.

Alternate Payee Instructions

Alternate Payee Name

Mailing Address

City, State, Zip Code

- Adding/changing Payee Information requires a **signature guarantee**. Please see Section 6.

SECTION 4: Signatures

I authorize DGI Fund to make the changes indicated to my account.

I authorize DGI Fund, and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither DGI Fund nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Signature

Date (MM/DD/YY)

Please mail completed form to:

Mailing Address

The Disciplined Growth Investors Fund
P.O. Box 219554
Kansas City, MO 64121-9554

Overnight Address

DGI Fund
801 Pennsylvania Ave
Suite 219554
Kansas City, MO 64105-1307

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-DGI-Fund (344)-(3863).