

ENTITY ACCOUNT APPLICATION

DGIFUND



1

Please be thorough when filling out the application. The omission of necessary information may slow down the application process.

2

Be sure to include all necessary signatures on the completed form.

3

Include additional documentation as necessary.

- A photocopy of the driver's license or other government issued photo identification card for each trustee or authorized person listed on this application
- A voided check or deposit slip, if you are signing up for the Savings Plan
- If establishing a trust account, a copy of the trust document
- If establishing a corporate or non-profit account, a copy of the corporate resolution and/or other organizing documents

4

Mail completed application documents to:

Mailing Address

The DGI Fund c/o Paralel Technologies
P.O. Box 2170
Denver, CO 80201

Overnight Address

The DGI Fund c/o Paralel Technologies
1700 Broadway, Suite 1850
Denver, CO 80290

If you have questions, or your situation requires something other than the standard form, please contact an Investor Service Representative at 1-855-DGI-FUND (344-3863).

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IMPORTANT: To help the government fight financial crime, Federal law requires certain financial institutions to obtain, verify and record information that identifies each person who opens an account, including major beneficial owners of legal entity customers.

What this means to you: When you open an account, we will ask for your name, the account name, address, date of birth, social security or tax identification numbers, and other information that will allow us to identify you and the beneficial owners of entity for which the account is established, if applicable. Additional documentation will be required for the establishment of trust, corporate, or other types of account ownership, including, but not limited to: appropriate documentation to substantiate the existence of the organization, authorized parties, major beneficial owners and other control persons. We may determine that we are unable to verify the information or personal information provided and may choose to refuse the account until we can verify the information provided.

Who must complete this form: This form must be completed by the person opening a new mutual fund account on behalf of a legal entity.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States. Legal Entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Required Information: This form requires you to provide the name, address, date of birth and Social Security number for the following individuals (i.e. beneficial owners):

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer; and
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, President, Vice President or Treasurer); and
- The Trustee or Authorized person completing this form.

The number of individuals that satisfy this definition of "beneficial owner" may vary. At least one individual must be identified under Section 2, below as a beneficial owner. Depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified in Section 2, below as individuals owning 25% or more equity interest.

1. ABOUT YOUR ORGANIZATION OR TRUST

S-Corporation **C-Corporation** **Trust*** **Estate** **Gov. Entity** **LLC** **Partnership** **Bank** **Non-Profit**
ERISA Plan **Retirement Plan** **Other** _____

Check here if the entity/organization is an exempt payee

Note: Please include copies of any certified trust documents, articles of incorporation, business licenses, or partnership agreements.
***Estates, Individual, family or retail trust do not complete Section 3.**

Please select one:

U.S. Corporation or Entity

Non-U.S. Corporation or Entity

In general, accounts are available only to U.S. Corporations or Entities.

Corporation/Entity Name

Trust Date or Date of Inc (MM/DD/YY)

Tax ID Number (Used for Tax Reporting Purposes)

Address of Entity - 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

2. ABOUT THE TRUSTEES / OFFICERS / PERSON(S) IN CHARGE

Name of Trustee/Authorized Person

Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - (P.O. Boxes Not Accepted)

City, State, Zip Code

Mailing Address - (P.O. Boxes Accepted)

City, State, Zip Code

Phone Number

Email Address

Please select one:

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien

(In general, only U.S. Citizens and U.S. Resident Aliens can open accounts.)

Name of Trustee/Authorized Person

Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - (P.O. Boxes Not Accepted)

City, State, Zip Code

Mailing Address - (P.O. Boxes Accepted)

City, State, Zip Code

Phone Number

Email Address

Please select one:

U.S. Citizen

U.S. Resident Alien

Non-Resident Alien

(In general, only U.S. Citizens and U.S. Resident Aliens can open accounts.)

3. BENEFICIAL OWNERS

Failure to provide information required below may prevent the timely establishment of the account. If you believe that your entity is exempt from this documentation requirement, please state the exemption here:

If it is determined that this exemption is not applicable, you will be required to provide the information requested to establish the account.

Individuals with control over the entity (regardless of trading authority for this account).

Individuals listed in this section are not authorized signatories for this account unless separate trading authorization and signors list is provided. A minimum of one individual must be named unless an exemption is identified above.

Control Person same as Section 1.

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Individuals with 25% or More Equity Interest of the Entity

Same as Listed Above.

If direct Beneficial Owner is Entity, please provide further documentation of underlying Beneficial Owners.

If no Beneficial Owners hold greater than 25%, check here.

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

3. BENEFICIAL OWNERS (CONTINUED)

Name _____

Social Security Number _____

Date of Birth (MM/DD/YY) _____

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

City, State, Zip Code _____

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____

Date of Birth (MM/DD/YY) _____

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

City, State, Zip Code _____

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____

Date of Birth (MM/DD/YY) _____

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

City, State, Zip Code _____

Country of Citizenship: U.S. Citizen Other _____

4. FUNDING THE ACCOUNT - INVESTMENT PLAN AND AMOUNT

LUMP SUM Amount: _____
(\$10,000 minimum, unless also enrolled in the Savings Plan)

Check—Make your personal check payable to "DGI Fund" and enclose it when mailing your application. We do not accept third party checks. (*See prospectus for acceptable methods of payment.*)

Wire—Call our Shareholder Service Department at: 1-855-DGI-FUND (344-3863) for incoming wiring instructions.

Electronic Transfer—Please fill out the "Bank Information" section (section X).

SAVINGS PLAN Amount: _____ / month
(\$100 minimum)

Process on the _____ day of each month (eg, 1st, 15th, etc).

Please fill out the "Bank Information" section (section X).

After your account is open, sign up for eDelivery of documents and set up online access at www.dgifund.com.

5. FUNDING THE ACCOUNT - BANK INFORMATION

To be used in accordance with direct deposit, purchase or redemption instructions received.

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) _____

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

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.

6. REINVESTING DIVIDENDS AND CAPITAL GAINS

All dividends and capital gains will automatically be reinvested unless otherwise indicated below. If you elect cash distribution of dividends and/or capital gains, you must fill out the "Bank Information" section (section 4). If no bank information is provided in section 4, dividends and capital gains will be reinvested.

I'd like cash distributions for: Dividend Distributions Capital Gain Distributions

7. COST BASIS METHOD

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

First In, First Out (FIFO)— Default	Low Cost (LOFO)
Last In, First Out (LIFO)	Loss Gain Utilization (LGUT)
High Cost (HIFO)	Specific Share Identification (SLID)
Average Cost (ACST)	
Secondary Method* _____	

* If you elect Specific Share Identification, you may also elect a Secondary Method, other than FIFO, that will apply when lots are not specified. If a Secondary Method is not elected, the default is ACST.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the FIFO method.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

8. SIGN ON THE BOTTOM LINE

I have received and read the Prospectus and the Privacy Policy for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the prospectus and Statement of Additional Information, or supplements thereto of any fund into which I exchange.

I authorize DGI Fund, and it's 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.

I certify that the beneficial owner information provided is true and correct and that I am authorized to act on behalf of the legal entity.

Per state requirements, possession or ownership of property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Under penalties of perjury, I certify that:

1. The Designated Beneficiary's number shown on this form is the correct taxpayer identification number, and
2. The Designated Beneficiary is NOT subject to backup withholding because: (a) He/she is exempt from backup withholding, or (b) The Designated Beneficiary has NOT been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends (strike the word "NOT" in both parts of the sentence if you have received IRS notification) or (c) the IRS has notified the Designated Beneficiary that he/she is no longer subject to backup withholding; and
3. The Designated Beneficiary is a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

For Broker/Dealer Use Only

Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representative Number
Street Address (Street, City, State, Zip Code)	
Representative Phone Number	