

ADD OR UPDATE IRA BENEFICIARY INFORMATION FORM

DGIFUND



1

Use this form to add or change the beneficiary on your IRA Account with the DGI Fund.

This includes Roth and SEP IRAs.

2

Please include all available information for each beneficiary, and include all necessary signatures on the completed form.

3

Mail completed Change of IRA Beneficiary Form 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).

CHANGE OF IRA BENEFICIARY FORM

DGIFUND

Use this form to designate and/or change the primary and secondary beneficiaries for your DGI Fund IRA Account. You may change your beneficiaries at any time.

To include additional beneficiaries please complete an additional form.

1. ACCOUNT HOLDER

DGI Fund Account Number

Name (*Last, First, Middle Initial*)

Social Security Number

Date of Birth (*MM/DD/YY*)

2. DESIGNATE BENEFICIARIES

If you are naming a Trust as the beneficiary, complete Section 4. This section is for naming individual persons as beneficiaries.

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Primary Contingent Relationship _____ Percentage _____ %

Beneficiary's Name (*Last, First, Middle Initial*)

Beneficiary's Social Security Number

Date of Birth (*MM/DD/YY*)

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

City, State, Zip Code

Mailing Address—If different (*P.O. Boxes Accepted*)

City, State, Zip Code

()

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Day Phone

Evening Phone

Email Address

2. DESIGNATE BENEFICIARIES (CONTINUED)

Primary Contingent Relationship _____ Percentage _____%

Beneficiary's Name (Last, First, Middle Initial)

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

Address of Residence (P.O. Boxes Not Accepted) City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted) City, State, Zip Code

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Day Phone Evening Phone Email Address

Primary Contingent Relationship _____ Percentage _____%

Beneficiary's Name (Last, First, Middle Initial)

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

Address of Residence (P.O. Boxes Not Accepted) City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted) City, State, Zip Code

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Day Phone Evening Phone Email Address

Primary Contingent Relationship _____ Percentage _____%

Beneficiary's Name (Last, First, Middle Initial)

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

Address of Residence (P.O. Boxes Not Accepted) City, State, Zip Code

Mailing Address—If different (P.O. Boxes Accepted) City, State, Zip Code

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Day Phone Evening Phone Email Address

3. TRUST BENEFICIARY(IES)

Complete this section if a trust is one of your primary beneficiaries. Consult your attorney regarding this designation.

Name of Trust

Street or P.O. Box

City, State, Zip Code

Percentage

Date of Trust

Trust's Tax Identification Number

4. SPOUSAL CONSENT

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I Am Not Married – I understand that if I become married in the future, I must complete a new IRA Designation/Change Of Beneficiary form.

I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA holder any interest I have in the Fund or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse

Date (MM/DD/YY)

Signature of Witness

Date (MM/DD/YY)

5. SIGN ON THE BOTTOM LINE

I hereby revoke all previous beneficiary designations for my DGI Fund. I understand that I may change my beneficiary at any time and that the change is effective when received in writing and accepted by DGI Fund.

Owner's Signature

Date (MM/DD/YY)

Please mail completed form to:

Mailing Address

The Disciplined Growth Investors Fund
P.O. Box 2170
Denver, CO 80201

Overnight Address

DGI Fund
1700 Broadway, Suite 1850
Denver, CO 80290

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