

# INDIVIDUAL 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 your drivers license or other government issued photo identification card.
- A voided check or deposit slip, if you are signing up for the Savings Plan.

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 2100  
Denver, CO 80290

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

# INDIVIDUAL ACCOUNT APPLICATION

**DGIFUND**



**IMPORTANT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and information that will allow us to identify you.

## 1. ABOUT YOU

**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.)*

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

Owner'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

(    )

(    )

Day Phone

Evening Phone

Email Address

## 2. FUNDING YOUR ACCOUNT

**Please complete this section fully, including selecting which Fund your contribution should be invested in, either in dollar or percentage terms of the total investment amount entered. If you do not make Fund a selection, we will not be able to process your contribution**

There are two ways to fund your account. If your initial investment is under the \$10,000 minimum, you will also need to sign up for the Savings Plan. And of course, if your initial investment is over the \$10,000 you can still sign up for the Savings Plan. The Savings Plan has a \$100 per month minimum.

**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 3).

**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 3).*

After your account is open, sign up for eDelivery of documents and set up online access at [www.dgifund.com](http://www.dgifund.com).

**Choose which DGI Fund to invest in. You must make a selection:**

	\$ Amount	or	Percentage
The DGI Fund (Balanced - DGIFX)	\$ _____		_____ %
The DGI Equity Fund (DGIQX)	\$ _____		_____ %



7. TRANSFER ON DEATH INSTRUCTIONS ( CONTINUED )

Benefits will be paid only to those beneficiaries living at the time of your death. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining beneficiaries. If you need space for more beneficiaries, copy this page as many times as necessary. TOD status is only for regular accounts (non-IRAs).

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

(    )      (    )

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

(    )      (    )

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

(    )      (    )

Day Phone      Evening Phone      Email Address

## 8. SIGN ON THE BOTTOM LINE

I have received and read the Prospectus for the Fund in which I am investing and agree to the terms therein. I am responsible for reading the Prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize DGI Fund, and its agents to act upon instructions (by phone or in writing) 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 Funds employ reasonable procedures to confirm that instructions are genuine.

Per state requirements, 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 number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am 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.

Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)

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Account Owner's Signature

Date (MM/DD/YY)