

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)

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:

- Current Year Prior Year* Indirect (60-Day) Rollover (for a direct rollover, please use our IRA Transfer/Rollover Form)

*From January 1st through the federal tax filing deadline (typically April 15th) each year, you can make prior year contributions.

Fund & Amount Selection:

The DGI Fund (Balanced - DGIFX) Amount: \$ _____

The DGI Equity Fund (DGIQX) Amount: \$ _____

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.

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 Information

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

- Use the bank information already connected to my DGI Funds account.
 I would like to **add** bank information to this account to authorize purchase and redemptions via:

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

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 4: Sign & Date (eSignatures not accepted)

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.

Signature

Date (MM/DD/YY)

Please mail completed form to:

Mailing Address

DGI Funds c/o Paralel Technologies
PO. Box 2170
Denver, CO 80201

Overnight Address

DGI Funds c/o Paralel Technologies
1700 Broadway, Suite 2100
Denver, CO 80290

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