

UTMA OR UGMA 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 forms.

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

Disciplined Growth Investors
C/o Paralel Technologies
P.O. Box 2170
Denver, CO 80201

Overnight Address

Disciplined Growth Investors
C/o Paralel Technologies
1700 Broadway, Suite 2100
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 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 THE MINOR

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.)

The UTMA and UGMA structures are governed by state law. Each state may have a different age of majority for UTMA and/or UGMA Accounts. Please check your state's law (the state the minor resides in at the time of account establishment) to determine which account type to select.

Uniform Transfer to Minors Account

Uniform Gift to Minors Account

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

Minor's Social Security Number

Date of Birth (MM/DD/YY)

2. ABOUT THE CUSTODIAN

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

Custodian'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

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Evening Phone

Email Address

6. COST BASIS SELECT

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

* 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.

7. SUCCESSOR CUSTODIAN INSTRUCTIONS (OPTIONAL)

You may designate a Successor Custodian to assume Custodianship of this account in the event of the named Custodian's passing. Please provide all requested information for the Successor Custodian to make succession as seamless as possible if required. Please see the following page for additional information.

I/we hereby designate the following and revoke all previous designations.

Name	Date of Birth (MM/DD/YY)	Social Security Number	Percentage
Total Primary Percentage: 100%			
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 Funds 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.

8. SIGN ON THE BOTTOM LINE (CONTINUED)

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)

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

Distributor: Paralel Distributors, LLC. for The DGI Fund

Shares of the DGI Fund are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

Please mail completed form to:

Mailing Address

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

Overnight Address

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

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