



FRONTEGRA FUNDS

# IRA Application

Mail To: Frontegra Funds  
c/o U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: Frontegra Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

Complete this form to establish a traditional, Roth, SEP or simple IRA. For additional information please call toll-free 888-825-2100.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number and permanent street address.** This information will be used to verify your true identity. We will return your application if any of this information is missing and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

## 1. Investor Information

_____ <small>FIRST NAME</small>	_____ <small>M.I.</small>	_____ <small>LAST NAME</small>
_____ <small>SOCIAL SECURITY #</small>		_____ <small>BIRTHDATE (Mo/Dy/Yr) (MUST BE OF LEGAL AGE)</small>

## 2. Permanent Street Address (P.O. Box is not acceptable)

_____ <small>STREET</small>	_____ <small>APT/SUITE</small>
_____ <small>CITY</small>	_____ <small>STATE</small>
_____ <small>DAYTIME PHONE #</small>	_____ <small>ZIP</small>
_____ <small>EVENING PHONE #</small>	

### Duplicate Confirmation to:

_____ <small>FIRST NAME</small>	_____ <small>M.I.</small>	_____ <small>LAST NAME</small>
_____ <small>STREET</small>	_____ <small>APT/SUITE</small>	
_____ <small>CITY</small>	_____ <small>STATE</small>	
_____ <small>ZIP</small>		

## 3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

### Choose ONE of the following account types:

- Traditional IRA Account**
  - For tax year \_\_\_\_\_
  - IRA to IRA Transfer (please complete IRA Transfer Form)
  - Rollover (shareholder had receipt of funds)
- IRA Rollover Account**
  - Rollover IRA to Rollover IRA
  - Direct rollover from qualified plan – complete any additional form(s) required by your Plan Administrator
    - Corporate     Pension     PSP     401(k)     403(b)     Other \_\_\_\_\_
- ROTH IRA Account**
  - For tax year \_\_\_\_\_
  - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
  - Traditional IRA to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
  - Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan)**

Each employee must complete an *IRA Application* and the employer must complete IRS Form 5305-SEP.

  - Contribution (no prior year contributions allowed)
  - Transfer from another SEP IRA Account
  - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** – must be accompanied by IRS forms 5305 SA and 5304 SIMPLE.

## 4. Investment Choices

- By check: Make check payable to Frontegra Funds. \$ \_\_\_\_\_
- By wire: Call 888-825-2100. Indicate amount of wire \$ \_\_\_\_\_ Date \_\_\_\_\_

\$100,000  
MINIMUM INITIAL  
INVESTMENT

\$1,000  
MINIMUM INITIAL  
INVESTMENT FOR CLASS Y

<u>Fund Name</u>	<u>Investment Amount</u>
<input type="checkbox"/> Frontegra Columbus Core Plus Fund (FT-573)	AMOUNT \$ _____
<input type="checkbox"/> Frontegra Columbus Core Plus Fund Class Y (FT-1382)	\$ _____
<input type="checkbox"/> Frontegra Columbus Core Fund (FT-577)	\$ _____
<input type="checkbox"/> Frontegra IronBridge Small Cap Fund (FT-578)	\$ _____
<input type="checkbox"/> Frontegra New Star International Equity Fund (FT-579)	\$ _____
<input type="checkbox"/> Frontegra IronBridge SMID Fund (FT-580)	\$ _____
<input type="checkbox"/> Frontegra IronBridge SMID Fund Class Y (FT-1383)	\$ _____
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund (FT-581)	\$ _____
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund Class Y (FT-1384)	\$ _____

## 5. Beneficiary Information

### Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%

### Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SS#	DOB	%

Spousal consent: If you name someone other than or in addition to your spouse and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent. Your spouse must sign below to consent to the beneficiary designation.

X \_\_\_\_\_  
SIGNATURE OF SPOUSE DATE

- List additional beneficiaries on a separate sheet

## 6. Signature

I have read and understood the IRA Disclosure Statement and Custodial Account Agreement. I adopt the Frontegra Funds IRA Custodial Account Agreement, as it may be revised from time to time, and appoint the custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Frontegra Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding, (i.e., consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and their transfer agent shall not be liable if I fail to notify the Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

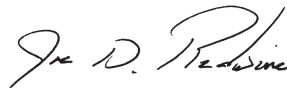
If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

The Funds, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Frontegra Funds"), will not be responsible for banking system delays beyond their control. Frontegra Funds will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE

Appointment as custodian accepted:

U.S. BANK, National Association



Before you mail, have you:

Completed?

Social Security or Tax ID Number in section 1?

Birth Date in section 1?

Full Name in section 1?

Permanent Street Address in section 2?

Enclosed your check made payable to Frontegra Funds?

Included a voided check, if applicable?

Signed your application in section 6?