

IRA APPLICATION



It's easy to establish your account. Simply fill out this application, completing all relevant sections, sign in ink and return to:

Regular Mail

FundX Upgrader Funds
c/o US Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail

FundX Upgrader Funds
c/o US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation. 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 at the current day's net asset value.

1 CHOOSE YOUR ACCOUNT

Choose from Traditional, Roth, SEP, or SIMPLE IRAs.

2 PERSONAL INFORMATION

Fill in the necessary information corresponding to the account's owner.

3 FUNDING YOUR ACCOUNT

Section A: You may pay by check or by transferring assets (from an IRA at your bank or another account).

Section B: Select your investment choice(s) from the list of funds.

Section C: Use this section to establish an automatic investment plan.

4 ASSET RE-ALLOCATION PROGRAM

Use this section to choose to have your account(s) rebalanced on a calendar quarter basis by selecting an Investor Model that reflects how your assets will be allocated.

5 ACCOUNT FEATURES

Section A: Choose from various telephone and internet options.

Section B: Provide your voided check if you have selected any option(s) within your application that require(s) automated cash movement to or from your bank.

6 BENEFICIARY INFORMATION

Please provide the necessary information concerning your beneficiaries. Without complete information we cannot maintain your beneficiaries.

7 SIGNATURES

Please be sure to sign your application in the appropriate places. We cannot accept your application without a signature.

8 SIMPLE IRA SECTION

Provide information if applicable.

TIP▶

You'll need the following to complete this form:

- Social Security number for owner
- Date of birth for owner
- Residential address for owner
- A check or wire transfer for your initial investment
- A voided check or deposit slip for the electronic transfer service (only if applicable)

QUESTIONS?

For more information

1-866-455-FUND

STEP 1 Choose Your Account Type

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. Please check the type of qualified plan:
 - 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 has receipt)
- SEP (Simplified Employee Pension Plan)**—Each employee must complete an IRA application.
 - Established to invest assets held in an existing personal trust.
 - Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder has receipt of funds)
- SIMPLE IRA** (Be sure to complete STEP 7)

STEP 2 Personal Information

Please print in ink.

A Investor Information

Owner's Name

First M.I.

Last

Social Security Number **Date of Birth (Mo/Dy/Yr)**

You must indicate a residential street address. P.O. boxes are allowed only for account mailing addresses (below).

Residential Street Address of Owner

Street Number Street Name Apartment, Suite, Floor

City State Zip Code

Daytime Phone Ext. Evening Phone

Account Mailing Address **Same as Residential**

Street Number Street Name

City State Zip Code

STEP 3

Funding Your Account

A Initial Investment

- By check:** Make check payable to FundX Upgrader Funds \$ _____
(\$1,000 minimum; \$500 minimum with Automatic Investment Plan)
- By Wire:** Call 866-455-3863. Indicate amount of wire: \$ _____
(\$1,000 minimum; \$500 minimum with Automatic Investment Plan)

B Investment Choices

Investment Amount (Select either \$ amount or % percentage) **Distribution Options** (Select one)

Investment Choice	\$ Amount	% Percentage	Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
<input type="checkbox"/> Asset Reallocation (See Step 5 on page 5)			<input checked="" type="checkbox"/>		
<input type="checkbox"/> FundX Upgrader Fund (FUNDX) (1053)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FundX Aggressive Upgrader Fund (HOTFX) (1055)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FundX Conservative Upgrader Fund (RELAX) (1056)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FundX Flexible Income Fund (INCMX) (1057)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FundX Tactical Upgrader Fund (TACTX) (1961)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FundX Sustainable Impact Fund (SRIFX) (5249)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fidelity Inst Money Market Government (FIGXX) (1964)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: \$ _____ 100% If nothing is checked, all distributions will be reinvested.

* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

Your signed application must be received at least 15 calendar days prior to initial transaction.

C Automatic Investment Plan

If you choose this option, funds will be automatically transferred from your bank account monthly or quarterly. Please attach a voided check or preprinted savings deposit slip to STEP 6 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw Money for My AIP (check one): Monthly Quarterly
If no option is selected, the frequency will default to monthly.

FUND	Amount per Draw	AIP Start Month	AIP Start Day
<input type="checkbox"/> Asset Reallocation (See Step 5 on page 5)	\$		
<input type="checkbox"/> FundX Upgrader Fund (FUNDX) (1053)	\$		
<input type="checkbox"/> FundX Aggressive Upgrader Fund (HOTFX) (1055)	\$		
<input type="checkbox"/> FundX Conservative Upgrader Fund (RELAX) (1056)	\$		
<input type="checkbox"/> FundX Flexible Income Fund (INCMX) (1057)	\$		
<input type="checkbox"/> FundX Tactical Upgrader Fund (TACTX) (1961)	\$		
<input type="checkbox"/> FundX Sustainable Impact Fund (SFIFX) (5249)	\$		
<input type="checkbox"/> Fidelity Inst Money Market Government (FIGXX) (1964)	\$		

- ▶ **Please keep in mind that:**
There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- ▶ Participation in the plan will be terminated upon redemption of all shares.

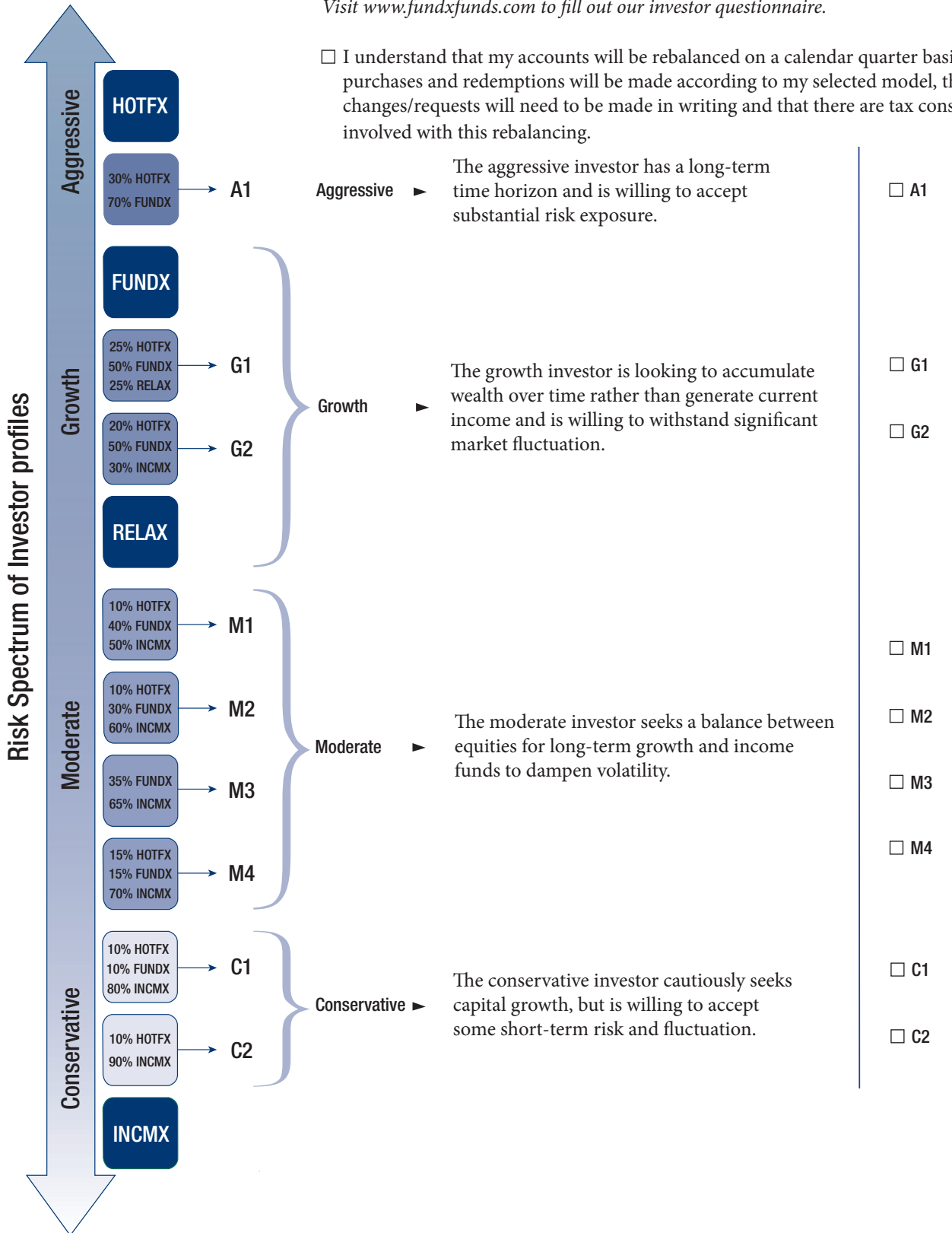
QUESTIONS? | For more information

1-866-455-FUND

Need help choosing a model?

Visit www.fundxfunds.com to fill out our investor questionnaire.

I understand that my accounts will be rebalanced on a calendar quarter basis, that all purchases and redemptions will be made according to my selected model, that all future changes/requests will need to be made in writing and that there are tax consequences involved with this rebalancing.



QUESTIONS? | For more information

1-866-455-FUND

* If you selected any of these options, please attach a voided check or a reprinted savings deposit slip to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.

Section A Account Options

Purchase and exchange

You automatically have the ability to make telephone and/or internet purchases* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for the minimum and maximum amounts.

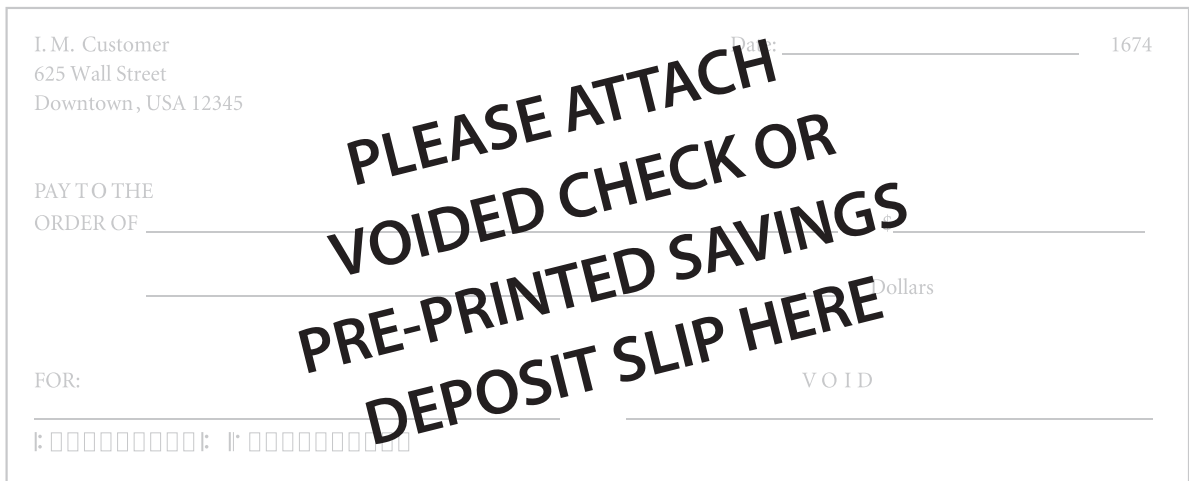
*You must provide bank instructions and a voided check in Section B.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I decline telephone and/or internet transaction privileges.

Section B Voided Check for Bank Information

The check must be preprinted with your name and address. We cannot accept starter checks.



If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check or a preprinted savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

Section C E-Delivery Options

I would like to receive statements electronically.

By selecting any of the above options, you agree to waive the physical delivery of account statements. If you have opted to receive your statements electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.upgraderfunds.com.

STEP 6 **Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper)*

Primary

% **Name**

Relationship

City **State** **Zip Code**

Social Security Number **Date of Birth**

Primary

% **Name**

Relationship

City **State** **Zip Code**

Social Security Number **Date of Birth**

Secondary

% **Name**

Relationship

City **State** **Zip Code**

Social Security Number **Date of Birth**

Secondary

% **Name**

Relationship

City **State** **Zip Code**

Social Security Number **Date of Birth**

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

STEP 7 **Signatures**

I/We authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; (3) by signing this card I/we certify that each of the statements set forth on the purchase application are true and accurate.

I have received and understand the prospectus for the FundX Upgrader Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by 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 regulatory 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 certify that I am of legal age and have legal capacity to make this purchase.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "FundX Upgrader Funds") will not be responsible for banking system delays beyond their control. By completing this purchase application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. FundX Upgrader Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. 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 reasonable amount of time to act upon a written notice of revocation.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X

Signature of Owner*

Today's Date (MM/DD/YYYY)

Print Name of Owner

Appointment as trustee accepted:
U.S. Bank, NA



STEP 8 **SIMPLE IRA Employer Information**

Employer (Company Name)

Employer Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

TIP▶**Did you Remember to Include:**

- Social Security or Tax ID number in STEP 2?
- Birth date in STEP 2?
- Full name in STEP 2?
- Permanent street address in STEP 2?
- A Transfer IRA form if funding this account with assets from an existing IRA Account?
- Enclosed your check made payable to FundX Upgrader Funds?
- Included a voided check if applicable?
- Signed your application in STEP 7?
- Enclosed additional documentation, if applicable?