



QUAKER® FUNDS

# IRA Application

For Traditional, Roth, SEP, and Simple IRAs

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

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

For additional information, please call toll-free 1-800-220-8888.

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. INVESTOR INFORMATION

|  |               |                                    |
|--|---------------|------------------------------------|
| _____<br>FIRST NAME                            | _____<br>M.I. | _____<br>LAST NAME                 |
| _____<br>SOCIAL SECURITY NUMBER                |               | _____<br>BIRTH DATE (Mo / Dy / Yr) |
| _____<br>DRIVER'S LICENSE OR STATE I.D. NUMBER |               | _____<br>STATE OF ISSUE            |

## 2. PERMANENT STREET ADDRESS *(P.O. Box is not acceptable)* *(Residential Address or Principal Place of Business – No Foreign Addresses)*

|                               |                               |                   |
|-------------------------------|-------------------------------|-------------------|
| _____<br>STREET               | _____<br>APT / SUITE          |                   |
| _____<br>CITY                 | _____<br>STATE                | _____<br>ZIP CODE |
| _____<br>DAYTIME PHONE NUMBER | _____<br>EVENING PHONE NUMBER |                   |

## MAILING ADDRESS *(if different from Permanent)* *If completed, this address will be used as the Address of Record for all statements, checks and required mailings. No foreign addresses.*

|                 |                      |                   |
|-----------------|----------------------|-------------------|
| _____<br>STREET | _____<br>APT / SUITE |                   |
| _____<br>CITY   | _____<br>STATE       | _____<br>ZIP CODE |

## DUPLICATE STATEMENT #1 *Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

|                 |                    |                   |
|-----------------|--------------------|-------------------|
| _____<br>NAME   |                    |                   |
| _____<br>STREET | _____<br>APT/SUITE |                   |
| _____<br>CITY   | _____<br>STATE     | _____<br>ZIP CODE |

## DUPLICATE STATEMENT #2 *Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

|                 |                    |                   |
|-----------------|--------------------|-------------------|
| _____<br>NAME   |                    |                   |
| _____<br>STREET | _____<br>APT/SUITE |                   |
| _____<br>CITY   | _____<br>STATE     | _____<br>ZIP CODE |

## 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. 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
  - Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan)** – Each employee must complete an *IRA Application*.
  - Contribution
  - Transfer from another SEP IRA Account
  - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Be sure to complete Section 13)

4. **INVESTMENT CHOICES**  **By check:** Make check payable to Quaker Investment Trust. \$ \_\_\_\_\_  
 **By wire:** Call 1-800-220-8888. Indicate amount of wire \$ \_\_\_\_\_

| FUND NAME                             | Please select a Class           |                                 |                                 | INVESTMENT AMOUNT |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|
|                                       | CLASS<br>A                      | CLASS<br>C                      | CLASS<br>I                      |                   |
| Quaker Strategic Growth Fund          | <input type="checkbox"/> (1865) | <input type="checkbox"/> (1867) | <input type="checkbox"/> (1868) | \$ _____          |
| Quaker Capital Opportunities Fund     | <input type="checkbox"/> (1877) | <input type="checkbox"/> (1879) |                                 | \$ _____          |
| Quaker Biotech Pharma-Healthcare Fund | <input type="checkbox"/> (1880) | <input type="checkbox"/> (1882) |                                 | \$ _____          |
| Quaker Global Total Return Fund       | <input type="checkbox"/> (2215) | <input type="checkbox"/> (2216) |                                 | \$ _____          |
| Quaker Mid-Cap Value Fund             | <input type="checkbox"/> (1883) | <input type="checkbox"/> (1885) | <input type="checkbox"/> (1886) | \$ _____          |
| Quaker Small-Cap Value Fund           | <input type="checkbox"/> (1887) | <input type="checkbox"/> (1889) | <input type="checkbox"/> (1890) | \$ _____          |
| _____                                 | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | \$ _____          |
| Fund Name                             |                                 |                                 |                                 |                   |

5. **AUTOMATIC INVESTMENT PLAN**

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

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

**NOTE:** You may establish this feature only on those funds you selected in Section 4.

|  | Amount per Draw | AIP Start Month | AIP Start Day |
|--|-----------------|-----------------|---------------|
| <input type="checkbox"/> Quaker Strategic Growth Fund          | \$ _____        | _____           | _____         |
| <input type="checkbox"/> Quaker Capital Opportunities Fund     | \$ _____        | _____           | _____         |
| <input type="checkbox"/> Quaker Biotech Pharma-Healthcare Fund | \$ _____        | _____           | _____         |
| <input type="checkbox"/> Quaker Global Total Return Fund       | \$ _____        | _____           | _____         |
| <input type="checkbox"/> Quaker Mid-Cap Value Fund             | \$ _____        | _____           | _____         |
| <input type="checkbox"/> Quaker Small-Cap Value Fund           | \$ _____        | _____           | _____         |
| <input type="checkbox"/> _____                                 | \$ _____        | _____           | _____         |
| Fund Name  |                 |                 |               |

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Automatic purchases will be recorded as current year contributions.
- Participation in the plan will be terminated upon redemption of all shares.

**6. AUTOMATIC INVESTMENT PLAN**

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

If you selected this option in Section 5, funds will be automatically transferred from your checking. Please attach a voided check to this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

ATTACH VOIDED CHECK HERE

**7. TELEPHONE OPTIONS**

Your signed Application must be received at least 15 business days prior to initial transaction.

- Exchange - permits the exchange of shares between identically registered accounts
Purchase (EFT) (\$25 minimum) - permits the purchase of shares from your bank account. Attach a voided check or pre-printed savings deposit slip above.
E-mail Address - permits the Fund to send you Fund updates

**8. BENEFICIARY INFORMATION** (If you need more space, please enclose a separate sheet of paper.)

**Primary**

Table with 6 columns: NAME, RELATIONSHIP, CITY / STATE / ZIP, SOCIAL SECURITY NUMBER, DOB, %

**Secondary**

Table with 6 columns: NAME, RELATIONSHIP, CITY / STATE / ZIP, SOCIAL SECURITY NUMBER, DOB, %

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.

X SIGNATURE OF SPOUSE DATE

**9. LETTER OF INTENT**

- I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Quaker Funds on which a sales load has been paid an aggregate amount equal to at least: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

**10. RIGHT OF ACCUMULATION**

A reduced sales load applies to any purchase of the Quaker Fund shares, sold with a sales load, where an investor's then-current investment is \$50,000 or more. I/We own shares of one or more of the Quaker Fund:

Existing Account Number(s):

**11. SALES CHARGE WAIVERS** See the current prospectus under "Sales Charge Waivers" for qualified purchaser types.

Qualified Purchaser

Category and Explanation \_\_\_\_\_

**12. SIGNATURE**

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Quaker Funds 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 Quaker 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 its transfer agent shall not be liable if I fail to notify the Quaker Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

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 account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Quaker Funds") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Quaker 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.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:

U.S. BANK, NA



**13. SIMPLE IRA**

**Employer Information**

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE NUMBER

**14. DEALER INFORMATION** Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

BRANCH #

REP #

Check here for Purchase at NAV

REPRESENTATIVE'S SIGNATURE

**Before you mail, have you:**

- Completed all USA PATRIOT Act required information?
  - 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 the Quaker Investment Trust?
- Included a voided check, if applicable?
- Signed your application in Section 12?