

NEW ACCOUNT APPLICATION

(Non-IRA Accounts)



It's easy to establish your account. Simply fill out this application, completing all relevant sections, sign in ink and return to: **FundX Upgrader Funds c/o US Bancorp Fund Services, LLC, P.O. Box 701, Milwaukee, WI 53201-0701** or overnight express mail to: **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 ACCOUNT SETUP

Please select the type of account you would like to open and complete the corresponding account owner's information.

Note: **Do not use this form for IRA accounts.**

2 PERSONAL INFORMATION

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

3 FUNDING YOUR ACCOUNT

Section A: You may pay by check or by transferring assets (from 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 a model that reflects how you would like to have your assets 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) your bank information.

6 SIGNATURES

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

TIP ►

You'll need the following to complete this form:

- Social Security number for each owner
- Date of birth for each owner
- Residential address for each 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** *(Nonretirement Only)*

You cannot use this form to open an individual retirement account (IRA). To open an IRA, please use the appropriate form, which can be found at www.fundxfunds.com or call 1-866-455-FUND.

Select one option only ▶

- Individual Account**
Owned by one person over the age of 18.
- Joint Account**
Will be established as Joint Tenants With Rights of Survivorship unless you advise us otherwise. All owners must be over the age of 18.
- Gift to Minor**
Account established for the benefit of a minor but administered by an adult custodian.
- Corporation/ Trust**
Established to invest assets held in an existing personal trust.*
- Partnership**
Established to share ownership between two or more entities.*
- Other Entity***

*You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

STEP 2**Personal Information**

Please print in ink. ▶

Owner (or Minor/Trustee) _____

Owner Minor Trustee

If you are establishing a gift to minor account, include the minor's name here and include your own information in Step 2B as custodian.

▶ **Owner's Name**

First

M.I.

Last

Social Security Number

Date of Birth (Mo/Dy/Yr)

Driver's License or State I.D. Number

State of Issue

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

QUESTIONS?

For more information

1-866-455-FUND

STEP 2

Personal Information *(continued)*

Indicate the mailing address if it is different from residential street address. P.O. boxes are allowed only for account mailing addresses.

City State Zip Code

Daytime Phone Ext. Evening Phone

► Account Mailing Address Same as Residential

Street Number Street Name

City State Zip Code

Duplicate Statement

If you wish someone other than the account owner(s) to receive duplicate statements, please fill out the form on page 8.

If you are establishing an individual account, skip this section and proceed to Step 3.

► **B** Joint Owner (or Custodian/Co-trustee/Agent of Attorney-in-fact)

Joint Owner Custodian Co-trustee Agent or Attorney-in-fact

Owner's Name

► First M.I.

Last

Social Security Number

Date of Birth (MM/DD/YYYY)

Driver's License or State I.D. Number

State of Issue

If this individual is serving as Agent or Attorney-in-Fact, please provide a certified copy of the Power of Attorney agreement (certified within the past 30 days).

► Residential Street Address of Owner

Street Number Street Name

Apartment, Suite, Floor

City State Zip Code

Daytime Phone Ext. Evening Phone

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

If this account is for a trust, please provide a copy of the entire trust document.

► **C** Trust (Trust Accounts only)

Name of Trust

Social Security Number or Tax Identification Number

Date of Trust (MM/DD/YYYY)

STEP 3 Funding Your Account

A Initial Investment

- By check:** Make check payable to FundX Upgrader Funds \$ _____
(\$2,500 minimum; \$500 minimum with Automatic Investment Plan)
- By Wire:** Call 866-455-3863. Indicate amount of wire: \$ _____
(\$2,500 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 4 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"/> First Amer. Prime Ob. Class A (Money Market) (1054)			<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 STOCK UPGRADER FUND (STOCK) (1058)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FUNDX ETF UPGRADER FUND (REMIX) (1959)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FUNDX ETF AGGRESSIVE UPGRADER FUND (UNBOX) (1960)			<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 TACTICAL TOTAL RETURN FUND (TOTLX) (1962)			<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 business days prior to initial transaction.

C Automatic Investment Plan

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or preprinted savings deposit slip to STEP 5 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

FUND	Amount per Draw	AIP Start Month	AIP Start Day
<input type="checkbox"/> Asset Reallocation (See Step 4 on page 5)	\$ _____		
<input type="checkbox"/> FUNDX UPGRADER FUND (FUNDX) (1053)	\$ _____		
<input type="checkbox"/> First American Prime Obligations Fund Class A (Money Market) (1054)	\$ _____		
<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 STOCK UPGRADER FUND (STOCK) (1058)	\$ _____		
<input type="checkbox"/> FUNDX ETF UPGRADER FUND (REMIX) (1959)	\$ _____		
<input type="checkbox"/> FUNDX ETF AGGRESSIVE UPGRADER FUND (UNBOX) (1960)	\$ _____		
<input type="checkbox"/> FUNDX TACTICAL UPGRADER FUND (TACTX) (1961)	\$ _____		
<input type="checkbox"/> FUNDX TACTICAL TOTAL RETURN FUND (TOTLX) (1962)	\$ _____		

► **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

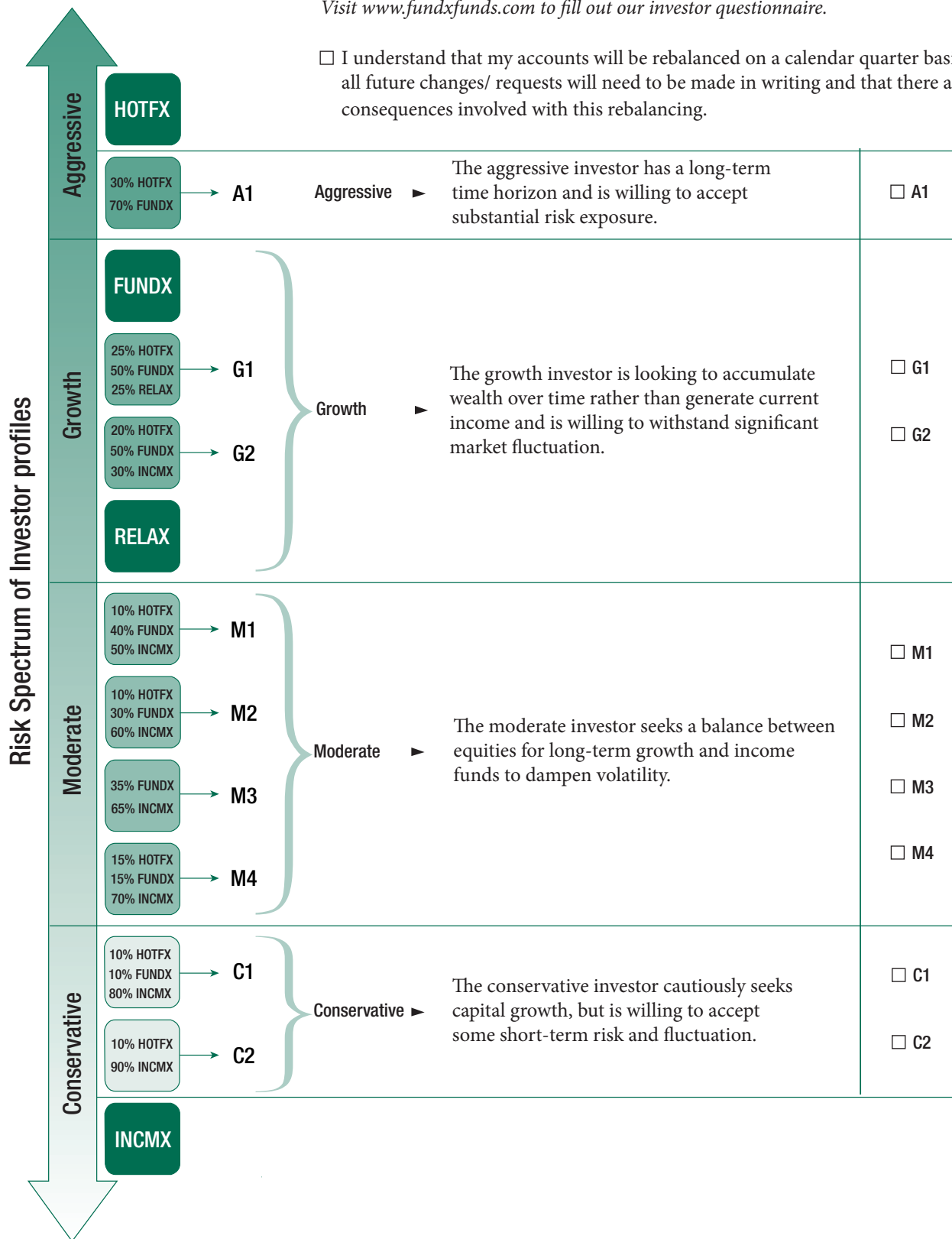
1-866-455-FUND

STEP 4 Asset Re-Allocation Program

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 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

STEP 5**Account Features**

* 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 Telephone and Internet Options**Redemption- permits the transfer of funds via:**

- Check to address in STEP 2
- Federal wire to your bank account below (\$15.00 charge for each wire)*
- EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT) (\$100 minimum)**- permits the on-demand purchase of shares from your bank account.*
- Exchange of shares between identical registered accounts is permitted unless this box is checked.
- Email Address** - permits the fund to send you fund updates.

Email

Section B Voided Check for Bank Information

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

I. M. Customer
625 Wall Street
Downtown, USA 12345

Date: _____ 1674

PAY TO THE ORDER OF _____

FOR: _____ Dollars

VOID

PLEASE ATTACH VOIDED CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP HERE

- 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).

Check Redemption Option

Establish check redemption privileges for the Money Market Fund. Checks will be mailed within ten business days after your account is opened. There is a \$250 minimum for any check written.

- First American Prime Obligation Fund Class A (Money Market)

Account Number (for bank use only)

Account Registration _____

I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

QUESTIONS?

For more information

1-866-455-FUND

Signature and Certification Required by the Internal Revenue Service

Authorized Signatures

(For joint accounts, all owners must sign)

- One signature required
- Two signatures required

X

Today's Date (MM/DD/YYYY)

X

Today's Date (MM/DD/YYYY)

X

Today's Date (MM/DD/YYYY)

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 sections 3 or 5, 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.

If I choose to invest in a First American Prime Obligations Fund (a "First American Fund"), via an exchange from the Funds or otherwise, I acknowledge and understand that: (i) this application applies to the First American Prime Obligations Fund; (ii) certain account options and features available to investors of the First American Funds may not be available to me unless I provide the First American Funds with additional information; and (iii) I have received the prospectus of the First American Prime Obligations Fund and agree to its terms. I agree that the First American Prime Obligations Fund and their respective agents will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

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* /Custodian/Trustee

Today's Date (MM/DD/YYYY)

Print Name of Owner/Custodian/Trustee

X

Signature of Joint Owner/Co-trustee/Officer

Today's Date (MM/DD/YYYY)

Print Name of Owner

*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

Duplicate Statement

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

Duplicate Statement #1

Street Number Street Name

City State Zip Code

Duplicate Statement #2

Street Number Street Name

City State Zip Code

TIP ► Did you Remember to Include:

- Social Security or Tax ID number in STEP 2?
- Birth date(s) in STEP 2?
- Full name(s) in STEP 2?
- Permanent street address in STEP 2?
- Enclosed your check made payable to FundX Upgrader Funds?
- Included a voided check, if applicable?
- Signed your application in STEP 6?
- Enclosed additional documentation, if applicable?