COVERDELL EDUCATION

Savings Account Application

FUNDX UPGRADER FUNDS

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 CHOOSE YOUR ACCOUNT

Indicate whether this is a new Coverdell Education Savings Account, a rollover or a transfer.

2 PERSONAL INFORMATION

Fill in the necessary information corresponding to the Designated Beneficiary and Responsible Party.

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 an Investor Model that reflects how your assets will be allocated.

5 ACCOUNT FEATURES

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

6 BENEFICIARY INFORMATION

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

7 SIGNATURE

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 Designated Beneficiary, Responsible Party and Beneficiaries
- ☐ Date of birth for Designated Beneficiary, Responsible Party and Beneficiaries
- ☐ Residential address for Designated Beneficiary and Responsible Party
- ☐ 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 and contribution limits.

Choose ONE of the following account types:

☐ **Coverdell Education Savings Account (CESA)**
For tax year ________

☐ **Rollover Account- specify the type of rollover:**
- ☐ Account Holder's CESA to Account Holder's CESA
- ☐ Qualifying Family Member's CESA to Account Holder's CESA

☐ **Transfer Account**
A direct transfer from current CESA custodian.

STEP 2 Personal Information

Please print in ink.

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

A Designated Beneficiary (Account Holder)

First M.I. Last

Street Number Street Name

Apartment, Suite, Floor

City State Zip

Social Security Number Date of Birth (MM/DD/YYYY)

Account Mailing Address

Street Number Street Name

Apartment, Suite, Floor

City State Zip

STEP 2 Personal Information *(continued)*

B Responsible Party

First | M.I. | Last

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

Street Number | Street Name

Apartment, Suite, Floor

City | State | Zip

Daytime Phone | Ext. | Evening Phone

Relationship to Designated Beneficiary | Social Security Number

Date of Birth (MM/DD/YYYY) | Driver's License No. | State of Issuance

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.

☐ **The responsible party does not wish to control the account after age of majority.**

II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account agreement.

☐ **The responsible party may not change the beneficiary.**

STEP 3 Funding Your Account

A Initial Investment

☐ **By check:** Make check payable to FundX Upgrader Funds $ ______________
($1,000 minimum or $500 AIP Reduced Minimum)

☐ **By Wire:** Call 866-455-3863. Indicate amount of wire: $ ______________
(1,000 Minimum or $500 AIP Reduced Minimum)

STEP 3 Funding Your Account

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*
☐ Asset Reallocation (See Step 4 on page 5)				☑		
☐ FundX Upgrader Fund (FUNDX)	(1053)			☐	☐	☐
☐ First Amer. Prime Ob. Class A (Money Market)	(1054)			☐	☐	☐
☐ FundX Aggressive Upgrader Fund (HOTFX)	(1055)			☐	☐	☐
☐ FundX Conservative Upgrader Fund (RELAX)	(1056)			☐	☐	☐
☐ FundX Flexible Income Fund (INCMX)	(1057)			☐	☐	☐
☐ FundX Stock Upgrader Fund (STOCX)	(1058)			☐	☐	☐
☐ FundX ETF Upgrader Fund (REMIX)	(1959)			☐	☐	☐
☐ FundX ETF Aggressive Upgrader Fund (UNBOX)	(1960)			☐	☐	☐
☐ FundX Tactical Upgrader Fund (TACTX)	(1961)			☐	☐	☐
☐ FundX Tactical Total Return Fund (TOTLX)	(1962)			☐	☐	☐
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
☐ Asset Reallocation (See Step 4 on page 5)		$		
☐ FundX Upgrader Fund (FUNDX)	(1053)	$		
☐ First American Prime Obligations Fund Class A (Money Market)	(1054)	$		
☐ FundX Aggressive Upgrader Fund (HOTFX)	(1055)	$		
☐ FundX Conservative Upgrader Fund (RELAX)	(1056)	$		
☐ FundX Flexible Income Fund (INCMX)	(1057)	$		
☐ FundX Stock Upgrader Fund (STOCX)	(1058)	$		
☐ FundX ETF Upgrader Fund (REMIX)	(1959)	$		
☐ FundX ETF Aggressive Upgrader Fund (UNBOX)	(1960)	$		
☐ FundX Tactical Upgrader Fund (TACTX)	(1961)	$		
☐ 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.

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.

Risk Spectrum of Investor profiles

Profile	Fund / Allocation	Model	Investor type	Description	Select
Aggressive	HOTFX				
Aggressive	30% HOTFX, 70% FUNDX	A1	Aggressive ►	The aggressive investor has a long-term time horizon and is willing to accept substantial risk exposure.	☐ A1
Growth	FUNDX				
Growth	25% HOTFX, 50% FUNDX, 25% RELAX	G1	Growth ►	The growth investor is looking to accumulate wealth over time rather than generate current income and is willing to withstand significant market fluctuation.	☐ G1
Growth	20% HOTFX, 50% FUNDX, 30% INCMX	G2			☐ G2
Growth	RELAX				
Moderate	10% HOTFX, 40% FUNDX, 50% INCMX	M1	Moderate ►	The moderate investor seeks a balance between equities for long-term growth and income funds to dampen volatility.	☐ M1
Moderate	10% HOTFX, 30% FUNDX, 60% INCMX	M2			☐ M2
Moderate	35% FUNDX, 65% INCMX	M3			☐ M3
Moderate	15% HOTFX, 15% FUNDX, 70% INCMX	M4			☐ M4
Conservative	10% HOTFX, 10% FUNDX, 80% INCMX	C1	Conservative ►	The conservative investor cautiously seeks capital growth, but is willing to accept some short-term risk and fluctuation.	☐ C1
Conservative	10% HOTFX, 90% INCMX	C2			☐ C2
Conservative	INCMX				

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 Account Options

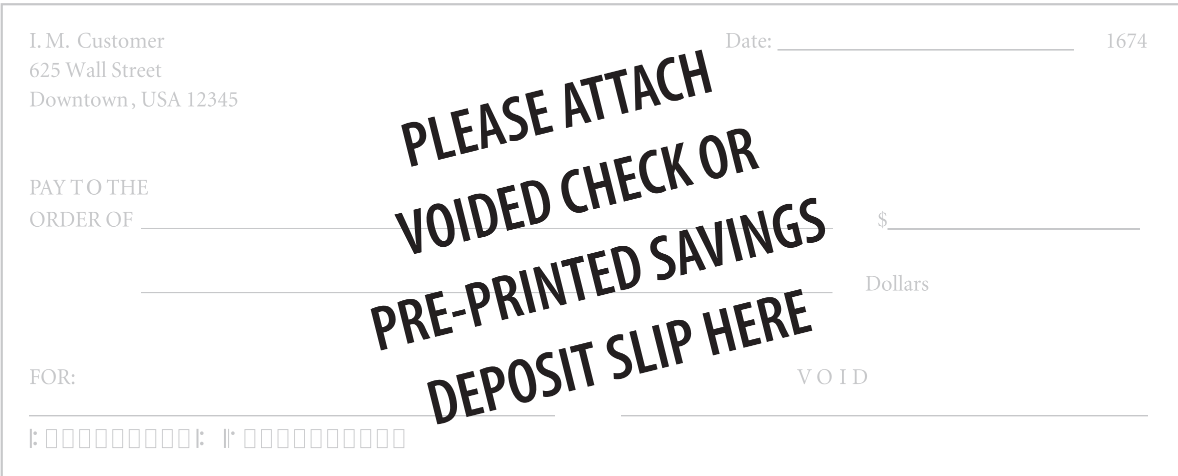
☐ Purchase (EFT) ($100 minimum)- permits the on-demand purchase of shares from your bank account.

☐ 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.



► 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).

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

Primary %

Name | **Relationship**

City | **State** | **Zip**

Social Security Number | **Date of Birth (MM/DD/YYYY)**

Primary %

Name | **Relationship**

City | **State** | **Zip**

Social Security Number | **Date of Birth (MM/DD/YYYY)**

STEP 6	**Beneficiary Information** *(continued)*

Secondary %

Name

Relationship

City

State

Zip

Social Security Number

Date of Birth (MM/DD/YYYY)

Secondary %

Name

Relationship

City

State

Zip

Social Security Number

Date of Birth (MM/DD/YYYY)

STEP 7	**Signature**

Signature and Certification Required by the Internal Revenue Service

I have read and understood the Disclosure Statement and Custodial Account Agreement. I adopt the Fund X Upgrader 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 Fund X Upgrader Funds. I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I will obtain the current prospectus for each Fund into which I may exchange before I request the exchange. 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 Fund X Upgrader Funds to revoke my consent. I agree to notify the Fund X Upgrader 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 Fund and its transfer agent shall not be liable if I fail to notify the Fund X Upgrader Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase. 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 Fund X Upgrader Funds, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Fund X Upgrader Funds"), will not be responsible for banking system delays beyond their control. By signing section 3C, 5 and 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund X Upgrader Funds. The Fund X Upgrader 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. 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 personally by me. 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 Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE
Appointment as custodian accepted:
U.S. BANK, National Association

Today's Date (MM/DD/YYYY)

TIP ►	Did you Remember to Include:

- ☐ Social Security of 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?
- ☐ Social Security number of beneficiaries in STEP 6?
- ☐ Birth dates of beneficiaries in STEP 6?
- ☐ Signed your application in STEP 7?