

COVERDELL EDUCATION Savings Account Application



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**
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

Choose ONE of the following account types:

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.

- 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

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

First M.I. Last

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)

QUESTIONS? | For more information

1-866-455-FUND

B Investment Choices

Investment Choice	Investment Amount (Select either \$ amount or % percentage)		Distribution Options (Select one)		
	\$ 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"/> 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 business days prior to initial transaction.

C Automatic Investment Plan

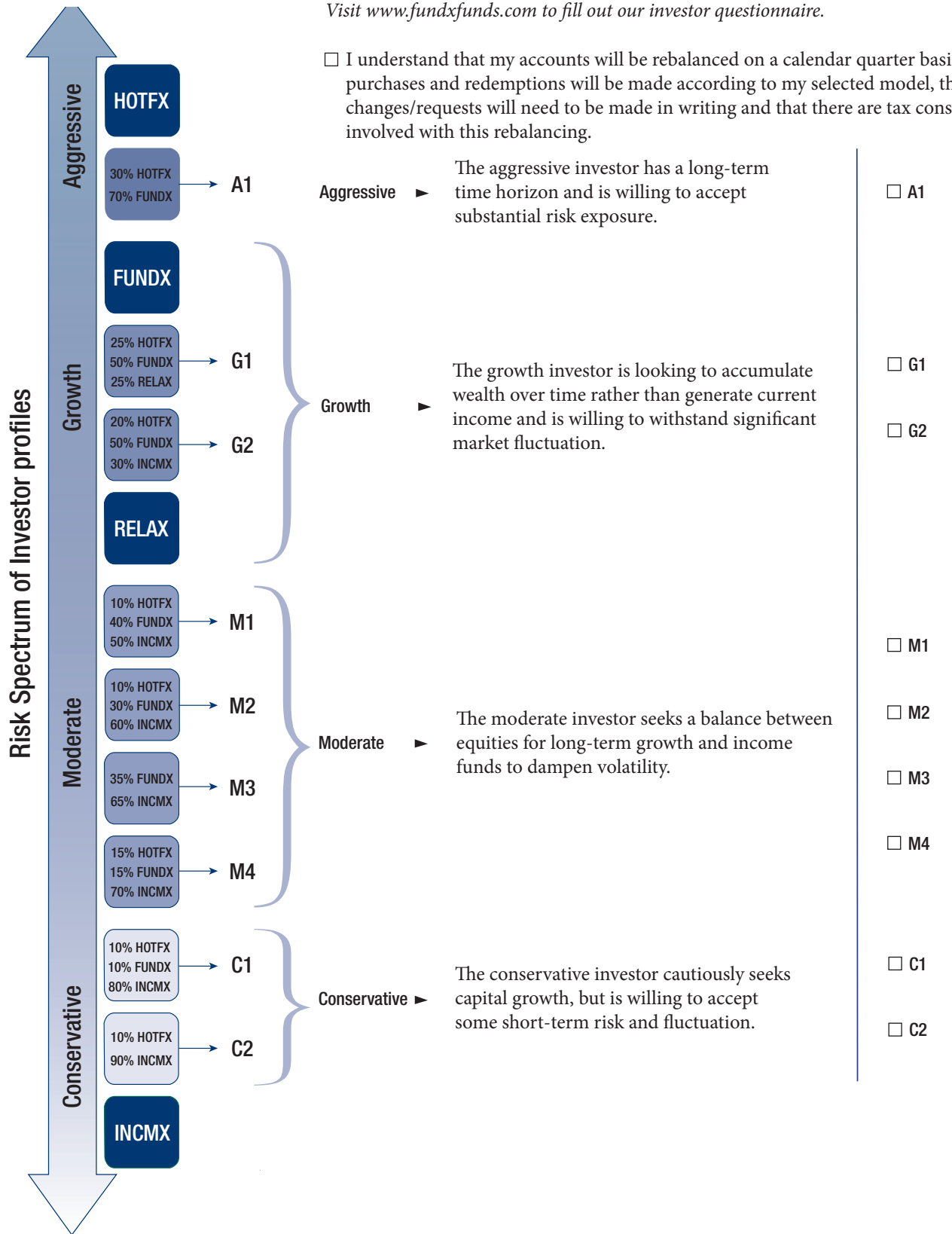
If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or preprinted savings deposit slip to STEP 5 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

FUND	Amount per Draw	AIP Start Month	AIP Start Day
<input type="checkbox"/> Asset Reallocation (See Step 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"/> 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.

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, redemption and exchange

You automatically have the ability to make telephone and/or internet purchases*, redemptions* 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.

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

Date: _____ 1674

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

PAY TO THE ORDER OF _____ \$ _____

FOR: _____ VOID

: 000000000000 : * 000000000000

► 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	<input type="checkbox"/>	%	Name	Relationship
			<input type="text"/>	<input type="text"/>
			City	State Zip
			<input type="text"/>	<input type="text"/> <input type="text"/>
			Social Security Number	Date of Birth (MM/DD/YYYY)
			<input type="text"/>	<input type="text"/>

QUESTIONS? | For more information

1-866-455-FUND

STEP 6 Beneficiary Information *(continued)*

Primary	<input type="checkbox"/>	%	Name	Relationship	
			<input type="text"/>	<input type="text"/>	
			City	State	Zip
			<input type="text"/>	<input type="text"/>	<input type="text"/>
		Social Security Number	Date of Birth (MM/DD/YYYY)		
		<input type="text"/>	<input type="text"/>		
Secondary	<input type="checkbox"/>	%	Name	Relationship	
			<input type="text"/>	<input type="text"/>	
			City	State	Zip
			<input type="text"/>	<input type="text"/>	<input type="text"/>
		Social Security Number	Date of Birth (MM/DD/YYYY)		
		<input type="text"/>	<input type="text"/>		

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 this purchase application, 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.

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.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL
SIGNATURE
Appointment as custodian accepted: *Joe D. Redwine*
U.S. BANK, National Association

Today's Date (MM/DD/YYYY)

- 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 Up-
grader 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?