

Please complete this application to establish a new Education Savings Account. This application must be preceded or accompanied by a current Disclosure Statement and Custodial Agreement.

For Additional Copies or Assistance

If you need additional copies of this application, or would like assistance completing it, please call the Rational Funds at **1-800-253-0412**.

Instructions

1. If you are requesting a transfer of current plan assets (held elsewhere) to your Rational Funds ESA, complete the Transfer Request form. You should complete this form **in addition** to the ESA Application.
2. Mail this application to:
Rational Funds
c/o Gemini Fund Services, LLC.
PO Box 541150
Omaha, NE 68154
3. Retain a copy for your records.

Custody Fee

The Custody Fee is \$12 annually per account. The Custody Fee may be increased in the future. You will be notified in writing 90 days prior to any fee increases.

Anti-Money Laundering

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

For questions about these policies, or for additional copies of the Rational Funds Privacy Policy Statement, please contact the Fund at **1-800-253-0412** or contact the Rational Funds at P.O. Box 541150 Omaha, NE 68154.

1. DESIGNATED BENEFICIARY

(The account generally cannot accept contributions after the beneficiary's 18th birthday)

Name (First, Middle, Last)

Social Security Number

Street Address

Date of Birth

City, State, Zip

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address

City, State, Zip

- Contribution for tax year * _____ Amount \$ _____
- I am enclosing a check for \$ _____ representing a rollover (within 60 days) from another ESA.
- Transfer of Assets from an existing ESA. ***(Complete the separate Transfer of Assets Form).***

6. REDUCED SALES CHARGE Complete this section if you qualify for a reduced sales charge. See Prospectus for Terms & Conditions.

Letter of Intent

You can reduce the sales charge you pay on Class A shares by investing a certain amount over a 13-month period. Please indicate the total amount you intend to invest over the next 13-months.

- \$50,000 \$100,000 \$250,000 \$500,000
- \$750,000 \$1,000,000 or more

Rights of Accumulation

If you already own Class A shares of the Rational Funds, you may already be eligible for a reduced sales charge on Class A share purchases. Please provide the eligible account number(s) below to qualify (if eligible).

Account No. _____
 Account No. _____

- Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver: _____

7. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to your investment by authorizing us to deduct money directly from your checking or savings account every month. Your bank must be a member of the Automated Clearing House (ACH). **Attach a voided check.**

Please transfer \$ _____ (**\$50 minimum**) from my bank account:

- Monthly Quarterly on the _____ day of the month Beginning: ____/____/____

Important Note: If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

Name on Bank Account	Account Number
Bank Name	Bank Routing/ABA Number
Signature of Bank Account Holder	Signature of Joint Owner

8. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

 Dealer Name

DEALER HEAD OFFICE

 Address

 City, State, ZIP

 Telephone Number

 Email Address

 Representative's Last Name, First Name

REPRESENTATIVE'S BRANCH OFFICE

 Address

 City, State, ZIP

 Rep Telephone Number Rep ID Number

 Rep Email Address

 Branch ID Number

9. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

10. SIGNATURES & CERTIFICATIONS

I hereby certify that I understand the eligibility requirements for an Education Savings Account ("ESA") and I qualify to establish an ESA. I have received a copy of the Application, Custodial Agreement and Disclosure Statement. I understand that the terms and conditions, which apply to this Coverdell ESA are contained in this Application and Custodial Agreement(s) and I agree to be bound by those terms and conditions. I hereby appoint and authorize Constellation Trust Company as the Custodian and Gemini Fund Services, LLC to act as the Custodian's agent. I agree to indemnify Constellation Trust Company and Gemini Fund Services, LLC when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent such designation.

I understand that within seven (7) days from the date I open this Coverdell ESA, I may revoke it without penalty by mailing or delivering written notice to the Custodian's agent. I have received a copy of the Prospectus and understand that this investment is not FDIC insured.

I assume complete responsibility for:

- 1) Determining that I am eligible for a Coverdell ESA;
- 2) Insuring that all contributions I make are within the limits set forth by the tax laws; and
- 3) The tax consequences of any contribution (including rollover contributions) and distributions.
- 4) I have received and read a current prospectus for Rational Funds and agree to be bound by the terms contained therein.
- 5) The information contained on this ESA Account Application is complete and accurate.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).**
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.**
- (c) I am a U.S. person (including a resident alien.)**
- (d) I am exempt from FATCA reporting.**

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The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;

- I have received and read a current prospectus for Rational Funds and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

Signature of Responsible Individual

Date

Signature of Donor

Date

Authorized Signature of Custodian

Date

TO CONTACT US:

By Telephone

Toll-free **1-800-253-0412**

In Writing

RATIONAL FUNDS

c/o Gemini Fund Services, LLC

PO Box 541150

Omaha, NE 68154

Or

Via Overnight Delivery

17605 Wright Street, Suite 2

Omaha, NE 68130

Distributed by Northern Lights Distributors, LLC