Mail To:

One Rock Fund c/o Mutual Shareholder Services 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147

Fax To:

440-526-4446

Minimum Investment:

Initial: \$2,000.00 Subsequent: \$100.00

Need Help Call:

(800) 564-3899

1. ACCOUNT INFORMATION (Please Print)				
Name	Social Security			
Address	Date Of Birth			
City State Zip	Email			
BUSINEES PHONE HOME				
2. TYPE OF IRA I AM ESTABLISHING OR TRANSFERRING:				
(If transfer, attach IRA Transfer Request form)				
☐ Traditional IRA ☐ SI	EP IRA			
Roth IRA	MPLE IRA			
☐ Inherited Traditional IRA ☐ Co	Coverdell Education Savings			
Inherited Roth IRA	(formerly Education IRA)			
3. TO BE FUNDED BY (check one):				
FOR ESTABLISHING A NEW IRA: Make check payable to "One Rock Fund" or wire funds. (for wire, call 800-564-3899 for instructions)	Amount \$ For tax year(s)			
TO TRANSFER EXISTING IRAs :				
Custodian-to-custodian transfer: Direct Transfer – transfer from same type of IRA (Current custodian has the account; Attach IRA (Please include recent account statement)				
Rollover Transfer – transfer from qualified employer plan (ie. 401(k), 403(b), pension) (Current custodian has the account; Attach IRA Transfer Request form) (Please include recent account statement)				
60-Day Rollover:				
 60-day rollover from previously existing account (Shareholder has the funds from previous account (Please include recent account statement) 				
Make check payable to "One Rock Fund" or wire, call 800-564-3899 for instructions)	re funds. Amount \$			

Beneficiary predeceases me, his share is to be divided a assigned to each such surviving Primary Beneficiary. If under my Account to the following Secondary Beneficia If any Secondary Beneficiary predeceases me, his share relative proportions assigned to each such surviving Secondary Beneficiary predeceases me, his share relative proportions assigned to each such surviving Secondary Beneficiary predeceases me, his share relative proportions assigned to each such surviving Secondary Beneficiary	none of the Primary ry(ies) who survive m is to be divided amo	Beneficiaries survi e. Make payment ng the Secondary I	ve me, pay a in the propo Beneficiaries	ny balance I may have
FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1				%
2				%
3				%
4				%
*If no percentage indicated the beneficiaries will share ϵ	equally.			
5. DESIGNATION OF SECONDARY BENEFICIARY FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT*
1				%
2				%
3				%
4				%
*If no percentage indicated the beneficiaries will share e	equally.			
6. SPOUSAL CONSENT (if applicable)				
Spouse must sign here if not 100% of Primary Benefici	ary.			
I acknowledge that I have received a full and reasonabl possible consequences of giving up my community or n fessional or legal advisor. I hereby consent to the bene adverse consequence that may result. No tax or legal a holder Services.	narital property interesticiary designation(s)	est in this IRA, I hav indicated above. I	e been advis assume full i	ed to see a tax pro- responsibility for any
Signature of Spouse		Date		
Neither the Custodian, One Rock Fund nor Mutual Shar of the Owner to provide proper spousal consent.	eholder Services are l	liable for any conse	equences res	ulting from a failure

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me. If any Primary

4. DESIGNATION OF PRIMARY BENEFICIARY

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence, and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint Huntington National Bank to act as Custodian of my account. I indemnify Huntington National Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received, printed, or downloaded a copy of the IRA Disclosure Statement and the IRA Custodial Account Agreement. I have read both, which are incorporated in the application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received, printed, or downloaded a copy of the current Prospectus and are purchasing shares in accordance with its provisions. I understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC. There is a Custody Fee of \$8 annually per account. The Custody Fee may increase in the future. DATE IRA OWNER SIGNATURE DATE **HUNTINGTON NATIONAL BANK SIGNATURE** (to be signed after receipt) Huntington National Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance. 8. AUTOMATIC INVESTMENT PLAN YES, I/we want to institute the Automatic Investment Plan. Permits you to initiate automatic transfers to your One Rock Fund IRA from your bank, savings and loan, or credit union using ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check. AMOUNT \$ (MINIMUM \$100) FREQUENCY: MONTHLY QUARTERLY ACH transfers will be processed on the 20th of each month. If the 20th falls on a weekend or holiday it will be processed on the first business day there after. It is understood that this authorization may be terminated by me/us at any time by written notification to One Rock Fund. The termination request will be affective as soon as the Fund has had reasonable time to act upon it. 9. DUPLICATE CONFIRMATIONS AND STATEMENTS Please send duplicate confirmations and statements to: If Broker-Dealer/Advisor: NAME _____ Rep Name Branch/Rep # ADDRESS

7. SIGNATURES AND CERTIFICATIONS

CITY/STATE/ZIP