



ONE ROCK Fund

Deposit Form

Mail To:

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

Email To:

info@mutualss.com

Fax To:

440-526-4446

Minimum Investment:

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

Need Help Call:

(800) 564-3899

1. Current Account Information (Please Print)

Owner (Individual, Corporation, Trustee or Custodian)

Joint Owner (if applicable)

ONE ROCK Fund Account #

Last 4 digits of Social Security or Tax ID

Date of Birth

2. Account Type

- Standard Account (non-retirement)
- Additional IRA CONTRIBUTION for previous/current tax year(s)
- 60-day rollover from previously existing qualified plan/pension lump sum payment/IRA

For IRA CONTRIBUTIONS only: For tax year(s) _____

3. How Would You Like to Send Money to ONE ROCK Fund?

- Payment by check (payable to: ONE ROCK Fund) Investment Amount \$ _____
- Payment by wire (call 800-564-3899 for instructions)

4. Signature and Agreement

The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment.

I/We understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I/We authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I/We agree that neither the Fund, nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date