

General Application Form

Mail to: Pearl Mutual Funds, P.O. Box 209, Muscatine, IA 52761
1-866-747-9030 (toll free)
(563) 2884101 (fax)



This form is the General Account Application to open an account with either Pearl Total Return Fund or Pearl Aggressive Growth Fund, or both. It is not to be used for an IRA.

1. Investment Selection

Please make my (our) investment(s) in: **Pearl Total Return Fund** \$ _____
 Pearl Aggressive Growth Fund \$ _____

Please make **check payable to the Fund you choose**. Minimum initial investment is \$5,000.00 per Fund. Minimum additional investment is \$100.00 per Fund.

2. Account Registration

Complete one section only. Please print or type.

2A. Individual: (cannot be a minor)

Joint Owner *(cannot be a minor):

First Name Middle Initial Last Name

Name Middle Initial Last Name

*Account will be held as joint tenants with full rights of survivorship unless specified otherwise.

2B. Gift to Minor:*

Custodian's Name as custodian for _____
Minor's Name (only one permitted)

Minor's State of Residence Minor's Birthdate ____ - ____ - ____
Month - Day - Year

*Minor's social security number must be inserted in Section 6.

2C. A Trust (including corporate retirement plans):

Name of Trustee and _____ as Trustee(s) for
Name of Co-Trustee (if applicable)

Name of Trust under agreement dated _____
Date of Trust Agreement

2D. A Corporation, Partnership, or other entity:

Name of Corporation or other entity Type of entity

3. Mailing Address

Street or PO Box City State Zip Code

Daytime Phone Extension Evening Phone Extension

E-mail Address

4. Dividend and Distribution Options

Check one:

- Reinvest all dividends and capital gains to buy more shares of the Fund for this account, with **no** sales charge. (This option is automatic if no other option is checked.)
- Pay dividends in cash and reinvest capital gains.
- Reinvest dividends and pay capital gains in cash.
- Pay dividends and capital gains in cash.

5. Automatic Investment Program (Optional)

You can invest in any available Pearl Fund automatically by completing the following information and by attaching a voided unsigned check or savings account number with the bank routing number and returning it to Pearl Mutual Funds. You will receive a confirmation of each transaction and the deduction from your bank account will appear on your monthly statement.

By completing this section, you can authorize Pearl Funds to transfer money automatically from your bank account into your account.

Bank Account Deduction. Check this box to invest _____ from your bank account. Please invest the amount indicated (minimum \$100.00 per Fund) in the following Fund(s) on or about the (check one):

5th Monthly 20th Monthly

Please indicate the Fund(s) in which you wish to make automatic investments:

Pearl Total Return Fund \$ _____

Pearl Aggressive Growth Fund \$ _____

Total Investment \$ _____

Please attach a voided, unsigned check or saving deposit slip/statement for the bank account to be debited. At least one common name must appear on both your checking/savings account and your Pearl Mutual Funds account.

As a convenience to me you are hereby authorized to credit my Pearl Mutual Funds account by electronically debiting my bank account as stated below. I also understand that this service is governed by the Funds' Prospectus provisions as well as the rules of the Automated Clearing House. This authority is to remain in effect until revoked by me in writing, and until you receive such notice, I agree you shall be fully protected in honoring any debit. I further agree that if any such debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever. This option, if exercised, shall become part of the attached application and the terms, representations and conditions thereof.

Name of Financial Institution

Bank Account Number

ARA/Routing Number

If there is a co-owner of your bank account, he or she may be required to authorize this service by signing below:

Co-Owner's Name

Co-Owner's Signature

6. Required Information and Signatures

This Section 6 must be completed and signed.

6A. _____ - ____ - _____ **OR** _____ - _____ - _____
Social Security Number Taxpayer Identification Number Joint Owner Social Security Number (if any)

Country of Residence

Date of Birth

Date of Birth

6B. I (we) am (are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund as described in the current Prospectus, a copy of which I (we) have received. By the execution of this Application, the undersigned represents and warrants that the investor has full right, power, and authority to make this investment and that the undersigned is (are) duly authorized to sign this Application and to purchase or redeem shares of the Fund(s) on behalf of the investor.

6C. Taxpayer Identification Number Certification

Under penalties of perjury, I (we) certify that:

- 1.** The number stated on this form is my correct social security number or taxpayer identification number;
- 2.** I am not subject to any backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3.** I am a U.S. person (including a U.S. resident alien).

If you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest of dividends on your tax return, you must cross out item 2 above.

6D. I understand the funds charge a short-term 2% redemption fee if I sell shares I have owned for 30 days or less. See prospectus for more information.

SIGNATURES ARE REQUIRED TO ESTABLISH AN ACCOUNT:

Signature of Owner, Trustee, or Custodian

Date

Signature of Joint Owner or Co-Trustee (if any)

Date