



**2. MAILING AND CONTACT INFORMATION**

**LEGAL ADDRESS** (Must be a street address)

Street Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Telephone \_\_\_\_\_

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 \_\_\_\_\_

**3. INITIAL INVESTMENT** (TEBRX minimum initial investment is \$2,000)

**THE TEBERG FUND** \$ \_\_\_\_\_

Make check payable to **THE TEBERG FUND**.

If investing by wire: Call **1-866-209-1964** and indicate the amount of the wire \$\_\_\_\_\_.

**Third Party checks are not accepted.**

**4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS**

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

**5. TELEPHONE PRIVILEGES**

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

**No**, I do not want telephone privileges.

**6. AUTOMATIC INVESTMENT PLAN (AIP)**

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 9 and attach a voided check**.

Please transfer \$\_\_\_\_\_ (**\$50 minimum**) from my bank account in to:

Fund Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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.

**7. AUTOMATIC WITHDRAWAL PLAN (AWP)**

**The Fund account must be valued at \$10,000 or more to establish Automatic Withdrawal Plan.**

As specified below, please withdraw from my THE TEBERG FUND account:

\$\_\_\_\_\_ exact dollars per period (**\$50 minimum**)

Send checks:  Monthly  Quarterly Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send checks to:  Address of record  Bank of record (**See Section 9**)  Following payee

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Telephone \_\_\_\_\_

## 8. BANK INFORMATION

I authorize the Fund to wire redemption proceeds when requested by the Automated Clearing House of which my bank is a member.

Type of Account:             Checking             Savings

\_\_\_\_\_  
Name of Depository Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Please attach a voided check from your account.**

## 9. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

## 10. DEALER INFORMATION (This section must be completed by the Broker/Advisor of record).

This section must be completed in order to open the account.

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Representative's Last Name,      First Name

### DEALER HEAD OFFICE

### REPRESENTATIVE'S BRANCH OFFICE

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number                      Rep's ID

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

## 11. 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.

## 12. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

### **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 either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.**

**(c) I am a U.S. person (including a resident alien.) The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

**(d) I am exempt from FATCA reporting.**

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 effective October 1, 2003.

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.

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 THE TEBERG FUND 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), I hereby certify that said Investment Company will limit it's ownership to 3% or less of the Funds outstanding shares.

***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

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Signature of owner (or custodian)

Date

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Signature of joint owner (or corporate officer, partner or other)

Date

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Trustee (if applicable)

Date

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**TO CONTACT US:**

**By Telephone**  
**1-866-209-1964**

**In Writing**  
**THE TEBERG FUND**  
c/o Gemini Fund Services, LLC  
P.O. Box 541150  
Omaha, NE 68154

**Overnight**  
**THE TEBERG FUND**  
c/o Gemini Fund Services, LLC  
17605 Wright Street, Suite 2  
Omaha, NE 68130

[www.tebergfund.com](http://www.tebergfund.com)

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