

# OCM GOLD FUND

## TRADITIONAL/SEP AND ROTH IRA APPLICATION

Use this IRA Application to open a Traditional, SEP, OR ROTH IRA.

### IMPORTANT:

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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

### MAILING INSTRUCTIONS

Please send completed form to:

#### Regular Mail Delivery

OCM Gold Fund  
PO Box 1328  
Milwaukee WI 53201-1328

#### Overnight Delivery

OCM Gold Fund  
C/O UMB Fund Services, Inc.  
235 W. Galena Street  
Milwaukee WI 53212

SELECT TYPE OF IRA:  Traditional IRA  SEP IRA  Roth IRA

### PART I-A: IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA, RESPONSIBLE PARTY IF IRA IS FOR A MINOR)

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

### PART I-B: INHERITED OR MINOR IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRA OR MINOR IRA ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

- Regular/Spousal Contribution      Amount: \_\_\_\_\_      Tax Year(s) : \_\_\_\_\_
- Amount: \_\_\_\_\_      Tax Year(s): \_\_\_\_\_
- Recharacterization (Complete a Recharacterization Form)
- Conversion      Amount: \_\_\_\_\_      Source:  Traditional IRA     SEP/SIMPLE IRA\*
- Employer SEP Contribution      Amount: \_\_\_\_\_
- Direct Transfer      Source:  Traditional IRA       SEP IRA       ROTH IRA     SIMPLE IRA\*
- (Complete a Transfer Form)
- Rollover      Source:  Traditional IRA       SEP IRA       SIMPLE IRA\*
- Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
- Roth Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
- Other      Explain: \_\_\_\_\_

\* You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer’s SIMPLE IRA plan. You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer’s SIMPLE IRA plan.

**PART III: PAYMENT METHOD**

You can open your account using any of these methods. The minimum initial purchase for each fund is \$100 for the Investor Class and \$5,000 for the Advisor Class. Please check your choice:

- By Check**      Enclose a check payable to OCM Gold Fund the total amount.
- By Wire**      For wire instructions call 800.628.9403.
- Other**      \_\_\_\_\_.

**PART IV: INVESTMENT SELECTION**

Name of Investment	Share Class (if applicable)	Allocation
1.		\$ _____ or _____ %
2.		\$ _____ or _____ %
3.		\$ _____ or _____ %
4.		\$ _____ or _____ %
5.		\$ _____ or _____ %
6.		\$ _____ or _____ %
		TOTAL:    \$ _____ or _____ %

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

**PART V: BENEFICIARY DESIGNATION**

IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

**Type:**     Primary       Contingent      Share Percentage: \_\_\_\_\_ %      Relationship to IRA Owner:  spouse  nonspouse  
**Name:** \_\_\_\_\_      Taxpayer ID Number: \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  nonspouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  nonspouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**Type:**  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  nonspouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

## **PART VI: SPOUSAL CONSENT**

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

### **CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse: \_\_\_\_\_

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PART VII: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)**

**Automatic investment program** (*The completion of this section is optional*) This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the current tax year.

### **Frequency:**

**Choose one\*:**  Monthly or  Quarterly **Choose one\*:**  5<sup>th</sup> or  20<sup>th</sup> Begin date (month/year): \_\_\_\_\_

*\*If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

### **Investment Information:**

Fund Name: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

**Bank Account Information** Provide information about your checking or savings account to establish an automatic investment program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
- Provide information about your bank account below.

**Enter your checking or savings account information:** Account Type:  Checking  Savings

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.	\$ _____
BANK NAME BANK ADDRESS	Please do <u>not</u> use staples.	_____ DOLLARS
MEMO _____		

**Telephone Transactions** This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

### PART VIII: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PART IX: FOR DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Representative's Branch Office Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Representative Number: \_\_\_\_\_

### PART X: RIGHT OF ACCUMULATION

I would like to use the combined assets in the following account(s) \_\_\_\_\_ to qualify for reduced sales charges.  
(Certain eligibility guidelines may apply.)

### PART XI: LETTER OF INTENT

I plan to invest in the Investor Class over a 13-month period a total of at least: (Check only one box)

\$50,000     \$100,000     \$500,000     \$1,000,000 or more     I am already investing under an existing letter of intent.

If you intend to invest a certain amount over a 13-month period, you may be entitled to reduced sales charges on your purchases.\* If the amount indicated is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the prospectus for terms and conditions.

\* A contingent deferred sales charge may apply to proceeds of certain shares redeemed within 18 months after the end of the month in which the purchase was made. Please refer to the prospectus for complete terms and conditions.

- Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed, if necessary, any required documentation.

**PART XII: WITHHOLDING NOTICE AND ELECTION FORM (FORM W4P/OMB No. 1545-0074) DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE**

Withholding Election is not necessary for Roth accounts

**NOTICE:** The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

**Election:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

I do not want federal income tax withheld from my distribution from this account.

I want federal income tax of 10% withheld from my distribution from this account.

I want federal income tax of \_\_\_\_\_% (greater than 10%) withheld from my distribution from this account.

**State Tax Withholding Election**

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

**PART XIII: ACKNOWLEDGEMENT** *Note: This application will not be processed unless signed below by the IRA Owner (or Inherited IRA Owner.)*

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party):

X \_\_\_\_\_ Date: \_\_\_\_\_