



THE AMERICAN TRUST
Allegiance Fund

Regular Application New Account

Do not use this form for IRA accounts.

Mail To: The American Trust Allegiance Fund
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The American Trust Allegiance Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

For additional information please call toll-free **1 (800) 385-7003**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Investment

\$2,500
MINIMUM INVESTMENT

By check: Make check payable to The American Trust Allegiance Fund. Amount \$ _____

By wire: Call 1 (800) 385-7003 to indicate amount of wire. \$ _____

A completed application must be submitted prior to acceptance of a wire.

2. Investor Information – *Select one*

Individual

FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)

Joint Owner

FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minors

CUSTODIAN'S FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)
(ONLY ONE PERMITTED)

MINORS FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)
(ONLY ONE PERMITTED)

STATE OF RESIDENCE

Corporation/
Trust*

NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION)

Partnership*

NAME OF TRUST/CORPORATION/PARTNERSHIP

Other Entity*

SOCIAL SECURITY #/TAX ID #

DATE OF AGREEMENT (Mo/Dy/Yr)

* **You must supply documentation to substantiate existence of your organization. (i.e., Trust Agreements, Corporate Resolution, Partnership Agreement or other official IRS Documents.)**

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

3. Distribution Options

Capital Gains &
Dividends Reinvested

Capital Gains &
Dividends in Cash*

Capital Gains Reinvested
& Dividends in Cash*

Capital gains & dividends
will be reinvested if no
option is selected.

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 4.

4. Permanent Street Address (PO Box is not acceptable) (Residential Address or Principal Place of Business)

STREET APT/SUITE

CITY STATE ZIP CODE

DAYTIME PHONE NUMBER EVENING PHONE NUMBER

Mailing Address (if different from Permanent):

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

STREET APT/SUITE

CITY STATE ZIP CODE

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET APT/SUITE

CITY STATE ZIP CODE

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET APT/SUITE

CITY STATE ZIP CODE

5. Automatic Investment Plan

Automatic Investment Plan – permits the automatic transfer of funds from a checking or savings account.
(\$1,000 minimum initial investment)

Amount

Start Month

Day of Month

Your signed Application
must be received at least
15 business days prior to
initial transaction.

\$ _____ (\$100 minimum)

Please include a voided
bank check or savings
deposit slip.

● **\$25.00 fee will be assessed if the automatic purchase cannot be made.**

● **Participation in the plan will be terminated automatically upon redemption of all shares.**

6. Systematic Withdrawal Plan

Your signed Application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

Systematic Withdrawal Plan (\$50 minimum) and (\$10,000 account value minimum) – permits the automatic withdrawal of funds.

- Payments of \$ _____ made on or about the _____ day of each month, or
- Payments of \$ _____ made on or about the _____ day of the months that are circled below:
- Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Payments will be mailed to address in Section 4.

-OR-

Payments will be deposited directly into your bank account. Please attached a voided check to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

7. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH
VOIDED CHECK
HERE

8. Signature and Certification Required by the Internal Revenue Service

I have received and understood the prospectus for the The American Trust Allegiance Fund (the “Fund”). I understand the Fund’s investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for the Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its’ transfer agent shall not be liable if I fail to notify the Fund within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

The Fund, its’ transfer agent and any officers, directors, employees, or agents of these entities (collectively “The American Trust Allegiance Fund”), will not be responsible for banking system delays beyond their control. By signing section 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund. The Fund will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank’s treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund’s transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

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

SIGNATURE OF OWNER*

DATE (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DATE (Mo/Dy/Yr)

*If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

9. Dealer Information

(Please be sure to complete representative’s first name and middle initial.)

DEALER NAME

REPRESENTATIVE’S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE

REPRESENTATIVE’S BRANCH OFFICE

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

()

TELEPHONE NUMBER

()

TELEPHONE NUMBER

REP’S A.E. NUMBER

Before you mail, have you:

Completed all PATRIOT Act required information?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 4?

Enclosed additional documentation, if applicable?

Enclosed your check made payable to The American Trust Allegiance Fund?

Included a voided check, if applicable?

Signed your application in section 8?