



PLEASE COMPLETE IN CAPITAL LETTERS

Use this form for individual, custodial, trust, profit sharing or pension plan accounts. Do not use this form for UTC North American Fund sponsored IRA or SEP IRA accounts. For any additional information please call UTC North American Fund at **1-800-368-3322**.

**A. INVESTMENT CHOICES**

- Please make check payable to UTC North American Fund. Amount \$ \_\_\_\_\_ (\$250 Account Minimum)
- By wire: Call 1-800-368-3322. Indicate total amount and date of wire \$ \_\_\_\_\_ Date \_\_\_\_\_
- UTC North American Fund (144-144) Initial Investment Amount \$ \_\_\_\_\_

**Distribution Options**

- Capital Gains & Dividends Reinvested
- Capital Gains Reinvested & Dividends in Cash\*
- Capital Gains & Dividends in Cash\*
- Dividend Reinvested & Capital Gains Paid in Cash\*

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

**B. REGISTRATION**

INDIVIDUAL

FIRST NAME	M.I.	SURNAME	SOCIAL SECURITY #	BIRTHDATE (mm/dd/yy)
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JOINT OWNER

FIRST NAME	M.I.	SURNAME	SOCIAL SECURITY #	BIRTHDATE (mm/dd/yy)
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\*Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

GIFT TO MINORS

CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED)	M.I.	SURNAME
MINOR'S FIRST NAME (ONLY ONE PERMITTED)	M.I.	SURNAME
MINOR'S SOCIAL SECURITY #	MINOR'S BIRTHDATE (mm/dd/yy)	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 (mm/dd/yy) \_\_\_\_\_

\*Additional documentation and certification may be requested. \*\*Corporate Resolution is required.

CITIZEN OF  United States  Other (specify) \_\_\_\_\_ If you are not a United States citizen, please attach the appropriate W-8 Form.

**C. MAILING ADDRESS**

STREET	APT/SUITE
CITY	STATE ZIP
DAYTIME PHONE #	EVENING PHONE #

DUPLICATE CONFIRMATION TO:

FIRST NAME	M.I.	SURNAME
STREET	APT/SUITE	
CITY	STATE	ZIP

# Purchase Application

(CONT'D)

## D. TELEPHONE OPTIONS

Telephone Redemption

- Check to address shown on your account.
- Via federal wire to your bank account below (\$15.00 charge for each wire transfer).
- Via EFT, at no charge, to your bank account below (funds are typically credited within two days after redemption).

Telephone Purchase (EFT). Permits the purchase of shares using your bank account to clear the transaction. (Minimum \$100) Complete bank account information below.

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

To ensure proper debiting/crediting of your bank account, an unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

NAME(S) ON BANK ACCOUNT

BANK NAME

ACCOUNT#

BANK ADDRESS

BANK ROUTING/ABA#

## E. AUTOMATIC INVESTMENT PLAN

Please start my Automatic Investment Plan on month \_\_\_\_\_ year \_\_\_\_\_. I hereby instruct U.S. Bancorp Fund Services, LLC, Transfer Agent for the UTC North American Fund to automatically transfer \$ \_\_\_\_\_ (minimum \$50) directly from my checking or savings account named below on the \_\_\_\_\_ of each month or the first business day thereafter. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

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

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

NAME(S) ON BANK ACCOUNT

BANK NAME

ACCOUNT#

BANK ADDRESS

BANK ROUTING/ABA#

SIGNATURE OF BANK OWNER

SIGNATURE OF JOINT OWNER

## F. SIGNATURE AND CERTIFICATION REQUIRED BY THE INTERNAL REVENUE SERVICE

I have received and read the Prospectus for the UTC North American Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I am of legal age in my state of residence and have full authority to purchase shares of the Fund and to establish and use any related privileges.

Neither the fund nor its transfer agent will be responsible for the authenticity of transaction instructions received by telephone, provided that reasonable security procedures have been followed.

By selecting the options in Section D or E, I hereby authorize the Fund to initiate credits and debits to my account at the bank indicated and for the bank to credit or debit the same to such account through **the Automated Clearing House ("ACH") system.**

**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. 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 (mm/dd/yy)

SIGNATURE OF OWNER, if any

DATE (mm/dd/yy)

Mail To:  
UTC North American Fund  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53202-5207  
UNITED STATES OF AMERICA

Overnight Express Mail To:  
UTC North American Fund  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan Street, 3rd Floor  
Milwaukee, WI 53202-5207  
UNITED STATES OF AMERICA

\*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