

Mutual Funds Account Application

This application must be preceded or accompanied by a current fund prospectus and may not be used to open retirement accounts.



Important Information About Procedures for Opening a New Account and Customer Identification Program Notice

If you need additional copies of this application, or would like assistance completing it, please contact Bennett Group of Funds at 855-606-8290 or www.BennettFunds.com.

If required information is missing, your application may be rejected. If an account is established pending receipt of requested information, it may be restricted to liquidating transactions only and closed if requested information is not received within specified time frames.

Non-U.S. Residents

At this time, Bennett Group of Funds does not allow share purchases by persons designated as non-resident aliens.

For questions about these policies, or for additional copies of our investor privacy policy, please go to www.BennettFunds.com, or contact Bennett Group of Funds, PO Box 9875, Providence, RI 02940-8075

The USA PATRIOT Act and Money Laundering

To help the government fight the funding of terrorism and money laundering activities, all financial institutions are required by Federal law to obtain, verify, and record information that identifies each individual or entity that opens an account.

- **Individuals** – When an individual opens an account, the following information is required: full legal name, residence address, date of birth and social security number. We may also request other information that will allow us to identify the individuals and we may need to obtain a driver's license, passport, or other identifying documents.
- **Legal Entities** – When corporations, partnerships, trusts, and other legal entities open an account, the following information is required: full legal name, physical address, and tax identification number. We may also request other information that will allow us to identify the entity and may also need to obtain: certified Articles of Incorporation, Partnership Agreement, Trust Instrument, or other identifying documents.

Privacy Policy

Bennett Group of Funds considers your privacy a priority. In this application you provided certain nonpublic personal information, such as your address, birth date, social security number, and other forms of government- issued identification, as well as information about your account transactions with us (such as purchases, sales and account balances).

We do not disclose any nonpublic personal information about you to anyone, except as required or permitted by law.

We may disclose the information we collect, as described above, to companies that perform administrative or marketing services on our behalf, such as transfer agents, or printers and mailers that assist us in the distribution of investor materials. These companies will use this information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose.

With regard to our internal security procedures, we restrict access to your personal and account information to those employees who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.

Unlawful Internet Gambling Enforcement Act ("Act") Notice

Transactions associated with unlawful internet gambling are prohibited. Specifically, the Act "prohibits any person engaged in the business of betting or wagering (as defined in the Act) from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling." Shareholders of Bennett Group of Funds ("Funds") must not initiate or receive wire transfers, checks, drafts or other debit/credit transactions that are restricted by the Act. For more information, please refer to: <http://www.federalreserve.gov/newsevents/press/bcreg/bcreg20081112a1.pdf>.

Escheatment Notice

Your property may be transferred to the appropriate state if no activity occurs in your Fund accounts within the time period specified by state law.

Payment Instructions

This application must be filed with Bennett Group of Funds ("Transfer Agent") before any redemption can be honored.

You will receive a confirmation showing your Fund account number, dollar amount received, shares purchased and price paid per share.

Please mail application and payment to:

Bennett Group of Funds
PO Box 9875
Providence, RI 02940-8075

Please send registered, certified and overnight mail to:

Bennett Group of Funds
4400 Computer Drive
Westborough, MA 01581

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Section 1

Please choose an account type and complete all information requested.

Joint registration will be as joint tenants with rights of survivorship unless you specify tenants in common.

Account Registration

☐ Individual ☐ Joint Tenant

First Name, Middle Initial, Last Name

Date of Birth Month Day Year

☐ U.S. Citizen ☐ U.S. Resident Alien

Social Security Number

Spouse/Joint Tenant First Name, Middle Initial, Last Name

Date of Birth Month Day Year

☐ U.S. Citizen ☐ U.S. Resident Alien

Social Security Number

☐ Uniform Gift/Transfer to Minor

Name of Custodian

Custodian's Date of Birth Month Day Year

☐ U.S. Citizen ☐ U.S. Resident Alien

Social Security Number

Minor's Name (only one minor may be named)

Minor's Date of Birth Month Day Year

☐ U.S. Citizen ☐ U.S. Resident Alien

Social Security Number

Minor's State of Residence

Please complete all applicable information. Also attach any required documentation.

Provide a copy of the Application, if Social Security or Employer Identification Number has been applied for but not yet received.

Note: Please be aware any corporate documents and information received as part of this application will be used solely for the purpose of establishing the identity of the corporation, partnership or trust.

☐ Corporation (specify)

☐ Partnership

☐ Trust

☐ Other (specify)

Name of Corporation/Partnership/Trust

Taxpayer/Employer Identification Number

First Name, Middle Initial, Last Name of Principal Account Contact

Title

Date of Birth Month Day Year

☐ U.S. Citizen ☐ U.S. Resident Alien

Social Security Number

Organizations exempt from USA PATRIOT Act verifications please check the appropriate box:

- ☐ Financial institution regulated by a federal regulator
☐ Bank regulated by a state regulator
☐ Government agency or instrumentality
☐ Publicly-traded corporation (please provide ticker and exchange)

Non-Exempt Corporations

Please submit a copy of the Certified Articles of Incorporation, a government-issued business license, and the names, birth dates and Social Security numbers of all persons authorized to conduct transactions in this account.

Non-Exempt Partnerships

Please submit a copy of the Partnership Agreement, and the names, birth dates and Social Security numbers of all partners.

Non-Exempt Trusts

Please submit a copy of the first and last pages of the Trust Agreement, and the names, birth dates and Social Security numbers of all trustees.

Political/Military Officials

*A related party includes a custodian, trustee, or beneficiary, or any principal shareholder, beneficial owner, partner or authorized person listed above.

Please indicate if any account owner or related party* is either a senior military, government or political official in the U.S. or any other country or jurisdiction, or is closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

☐ Yes ☐ No

If Yes, please provide name of official, office held and country

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Section 2

Please provide your primary legal address (primary place of business if a corporation, partnership or trust), in addition to any mailing address (if different).

If mailing address is a post office box (except APO and FPO addresses), a street address is also required by the USA PATRIOT Act.

Primary and Mailing Address

Street Address		
City	State	Zip Code
Email Address		
Daytime Telephone Number	Evening Telephone Number	Mobile Telephone Number

☐ Please Send Mail to Address Below:

Street Address		
City	State	Zip Code

Joint Tenant (if different from above)

Street Address		
City	State	Zip Code
Email Address		
Daytime Telephone Number	Evening Telephone Number	Mobile Telephone Number

Section 3

Please provide your financial professional's information.

Your financial professional will receive a duplicate copy of your statement and have limited telephone privileges regarding your account unless you specify otherwise in Section 10.

Financial Professional Information

Financial Advisor's Name	Registered Rep. Number	
Email Address	Mobile Telephone Number	
Firm Name		
Branch Address	Branch Number	
City	State	Zip Code
Telephone Number		

Section 4

If you would like another person to receive duplicate copies of your statement, please fill out this section.

Duplicate Statements

☐ Please Send a Duplicate Copy of My Statement to the Address Below:

First Name, Middle Initial, Last Name		
Street Address		
City	State	Zip Code
Daytime Telephone Number	Evening Telephone Number	Mobile Telephone Number

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Section 5

Fund Selection

Please check the box that corresponds to the name(s) and share class of the fund(s) and write in the amount(s) you wish to invest.

Please enclose a separate check made payable to each fund you are purchasing. \$2,500 minimum purchase per fund for A shares. The minimum investment for R shares is \$1,000,000.

Please note: Third party checks are not accepted.

If you use this application to purchase more than one fund, any options you select, except for the Systematic Investment or Systematic Withdrawal Plans, will apply to all funds. If you prefer to wire funds to open an account, please call the Bennett Group of Funds at 855 606-8290.

If you do not indicate a purchase option you will be issued Class A Shares.

Fund Name	Fund Symbol	Class A	Class R	Percentage	Investment Amount
Bennett Conservative Fund	XXXXX	<input type="checkbox"/> ###	<input type="checkbox"/> ###	<input type="text"/> %	\$ <input type="text"/>
Bennett Moderate Fund	XXXXX	<input type="checkbox"/> ###	<input type="checkbox"/> ###	<input type="text"/> %	\$ <input type="text"/>
Bennett Growth Fund	XXXXX	<input type="checkbox"/> ###	<input type="checkbox"/> ###	<input type="text"/> %	\$ <input type="text"/>
Bennett Aggressive Growth Fund	XXXXX	<input type="checkbox"/> ###	<input type="checkbox"/> ###	<input type="text"/> %	\$ <input type="text"/>

Section 6

Distribution Options

Please select how you would prefer to receive your distributions. If no box is selected, all distributions will be reinvested into additional shares of the paying fund.

Dividends

- ☐ Reinvest dividends into additional shares of the paying fund.
☐ Send dividends by check. (Complete section 7)
☐ Deposit dividends into my bank account. (Complete section 13)

Capital Gains

- ☐ Reinvest capital gains into additional shares of the paying fund.
☐ Send capital gains by check. (Complete section 7)
☐ Deposit capital gains into my bank account. (Complete section 13)

Section 7

Check Instructions

Please complete this section only if you requested to receive fund distributions by check.

- ☐ Make checks payable to the registered holder.
☐ Make checks payable to the registered holder at the address listed below.
☐ Make checks payable to the following third party, at the address listed below

Third Party First Name, Middle Initial, Last Name (if applicable)					
Date of Birth	Month	Day	Year	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	Social Security Number
Attention					
Street Address					
City				State	Zip Code
Daytime Telephone Number		Evening Telephone Number		Mobile Telephone Number	

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Section 8

Letter of Intent

Please complete if you would like to purchase shares at a reduced sales charge under a Letter of Intent.

- ☐ I intend, but am under no obligation, to purchase additional Class A Shares in order to qualify for a reduced sales charge, subject to the terms and conditions described in the Prospectus/Statement of Additional Information. I understand that I or my financial advisor must notify Bennett Group of Funds when I make a purchase of fund shares that I wish to be covered under the Letter of Intent.
- ☐ I intend to purchase at least the following amount over the next 13 months:
- ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more

Subject to the conditions specified herein and in the Terms of Escrow below, each purchase subsequent to submission of this Letter of Intent will be made at the public offering price applicable to a single transaction of the dollar amount checked above, as described in the then-current Prospectus of the Fund in which the purchase is being made.

Upon completion of the total minimum investment specified under this Letter of Intent within the aforescribed 13-month period, an adjustment will be made to reflect any reduced sales load applicable to shares purchased during the 90-day period prior to submission of this Letter of Intent. Additionally, if the total purchases within the 13-month period exceed the amount specified above, an adjustment will be made to reflect further reduced sales loads applicable to such purchases. All such adjustments will be made at the conclusion of the 13-month period and in the form of additional shares credited to my account at the then-current offering price applicable to a single purchase of the dollar amount of the total purchases.

Terms of Escrow

1. Out of my initial purchase (or subsequent purchases if necessary), 5% of the total minimum investment specified in the Letter of Intent shall be held in escrow by the Transfer Agent, in shares. All dividends and any capital gain distributions on the escrowed shares will be credited to me. Escrowed shares will not be extended the Exchange privilege (as described in the Prospectus).
2. If I complete the total minimum investment specified under this Letter of Intent within the 13-month period, the escrowed shares will be promptly released to me.
3. If my total purchases pursuant to this Letter of Intent are less than the amount specified by me as my intended aggregate purchases, the offering price of the shares I purchased (including shares representing the escrowed amount) during the 13-month period will be adjusted to reflect the sales load applicable to the aggregate purchases I actually made (which will reduce the number of shares in my account), unless I have redeemed the shares in my account, in which case the Transfer Agent will redeem the number of escrowed shares necessary to obtain the difference between the dollar amount of sales loads actually paid by me and the amount of sales loads which I would have paid if my total purchases had been made at a single time and any remaining shares will be credited to my account. Full and fractional shares remaining after this redemption will be released to me.
4. I hereby irrevocably constitute and appoint the Transfer Agent my attorney-in-fact to surrender for redemption any or all escrowed shares.

This Letter of Intent must be received by the Transfer Agent to be considered effective. All future purchases placed directly with MBSC Securities Corporation must refer to this Letter of Intent.

Terms Accepted:

Signature	Month	Day	Year
Signature of Joint Tenant (if any)	Month	Day	Year

Section 9

Rights of Accumulation

Please Note: Purchases of shares (including Class C shares) of any Eligible Fund (as defined below) qualify towards "Right of Accumulation" for purchases of Class A shares.

Shares may be purchased at the offering price applicable to the total of (a) the dollar amount then being purchased plus (b) an amount equal to the value of the combined present holdings of the "purchaser" (which includes the individual purchasing the shares, his or her spouse, and their minor children), as described in the Prospectus, of shares of any Funds that are subject to a sales load, as described in the Prospectus ("Eligible Funds"). In order for this cumulative quantity discount to be made available, the investor must identify all Fund accounts to be considered as qualified holdings. All accounts are subject to verification.

- ☐ The following accounts qualify for the Right of Accumulation or Letter of Intent as described above and in the Prospectus:

Name of Bennett Group of Funds Mutual Fund:	Account Number:
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Section 10

Telephone Services

Telephone Exchange and Telephone Redemptions by Check

You and your financial advisor will automatically receive telephone exchange and redemption privileges, unless you request otherwise below.

- ☐ I do not wish to have telephone privileges.
- ☐ I wish to have telephone privileges for myself, but not my financial advisor.

Telephone Redemptions

- ☐ I would like to be able to redeem shares by phone and have the proceeds deposited directly into my bank account, and authorize Bennett Group of Funds to honor requests for such redemptions. (Complete section 13)

Telephone Purchases

- ☐ I would like to be able to purchase additional shares of my current fund by phone using funds from my bank account, and authorize Bennett Group of Funds to execute such transactions. (Complete section 13)

If the names on your bank account do not exactly match your mutual fund account registration, please have all bank account holders sign below.

Signature of Depositor	Month	Day	Year
Signature of Co-Depositor	Month	Day	Year

In times of extreme economic or market volatility, you may have difficulty redeeming shares by telephone. Each Fund reserves the right to temporarily suspend or limit the telephone purchase or redemption privileges at any time during such periods. Each Fund reserves the right to refuse a telephone redemption request if it believes it is advisable to do so. Each Fund uses procedures reasonably designed to confirm that telephone redemption instructions are genuine. These may include recording telephone transactions, testing the identity of the caller by asking for account information and sending prompt written confirmations. The Funds may implement other procedures from time to time. If these procedures are followed, the Funds and their service providers will not be liable for any losses due to unauthorized or fraudulent instructions. Once a telephone transaction has been placed, it cannot be canceled or modified.

Section 11

Systematic Investment Plan

Please complete this section if you wish to establish a Systematic Investment Plan.

I would like to make regular purchases of fund shares:

- ☐ From my paycheck. (Complete this section and section 14)
- ☐ From my bank account. (Complete this section and section 13)

Amount to purchase (minimum \$50) \$	Name of Fund
Day of the Month	Beginning (month/year)

If the names on your bank account do not exactly match your mutual fund account registration, please have all bank account holders sign below.

Signature of Depositor
Signature of Co-Depositor

Systematic Exchange

I would like to exchange share from another identically registered Bennett Group of Funds mutual fund of the same share class.

Amount to exchange (minimum \$50) \$	Name of Fund	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually (choose one)	Month Day Year	
Day of the Month	Beginning (month/year)	Month Day Year

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Section 12

Please complete this section if you wish to establish a Systematic Withdrawal Plan.

You must own fund shares worth at least \$10,000 to participate.

Systematic Withdrawal Plan

I would like to make regular redemptions of fund shares:

Amount to withdraw (minimum \$50) \$	Name of Fund
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☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually (choose one)

Day of the Month	Beginning (month/year)
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Please send the proceeds:

- ☐ By check payable to the registered holder.
☐ To my bank account. (Complete this section 13)
☐ By check payable to the registered holder at the address listed below.
☐ By check payable to the following third party, at the address listed below.

Third Party First Name, Middle Initial, Last Name (if applicable)

Date of Birth	Month	Day	Year	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	Social Security Number
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Attention

Street Address

City	State	Zip Code
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Daytime Telephone Number	Evening Telephone Number	Mobile Telephone Number
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Section 13

Please complete this section if you wish to transfer funds electronically to or from your bank account via Fund Direct™.

Bank Information

Please activate Fund Direct™ for the following:

- ☐ Dividend Payments (Complete section 6)
☐ Telephone Purchases (Complete section 10)
☐ Telephone Redemptions (Complete section 10)

Bank Name

Street Address

City	State	Zip Code	Mobile Telephone Number
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Bank Account Number

Account Type

- ☐ Checking account (Please attach a voided check.)
☐ Savings account (Please attach a personalized deposit slip.)

Section 14

Please complete this section if you would like to make systematic investments through Payroll Deduction/Direct Deposit.

Payroll Deduction/Direct Deposit

- ☐ Please add to my new Bennett Group of Funds account through payroll deduction (\$50 per fund minimum).
(First ask your payroll office if your employer can accommodate this service.)

Final instructions will be sent to you upon return of this application.

Name of Fund	Amount \$
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Name of Fund	Amount \$
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Section 15

Certification and Substitute Form W-9

I/we release the fund(s), Bennett Group of Funds and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, believed to be genuine. I/we agree to notify Bennett Group of Funds promptly in writing if any information contained in this application changes.

By execution of this application, the investor represents and warrants that (i) he has the full right, power and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence and that all information on this application is true and correct. The investor certifies that the Taxpayer Identification Number and tax status set forth in the application is correct. The person or person, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.

I have read the applicable prospectus(es) and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.

I/we release the fund(s), Bennett Group of Funds and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with the requirements of the USA PATRIOT Act program, should I (we) not provide all appropriate customer identification requirements requested by Bennett Group of Funds within 48 hours of such request. I/we understand that failure to comply with Bennett Group of Funds request for customer identification will result in a return of my investment. Do we need this section? Does not look like other Funds have it in their applications.

Under penalties of perjury, I certify that:

1. The social security number or employer identification number provided in this application is my correct Taxpayer Identification Number, and
2. I am not subject to 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

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

I understand that under certain circumstances, if no activity occurs in my account within a time period specified by state law, my shares may be transferred to the appropriate state. Note: The rules for transferring abandoned property vary state by state, so we suggest you contact the state department of abandoned property if you have any questions regarding your state's requirements.

I acknowledge that I have received and read the prospectus for each fund listed in Section 1 (signatures for all registered owners must be included).

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

Signature	Month	Day	Year
Signature of Joint Tenant (if any)	Month	Day	Year

Section 16

Corporate Authorization

I do hereby certify that at a meeting at which a quorum was present throughout, the Board of Directors of the corporation/the officers of the association duly adopted a resolution, which is in full force and effect and in accordance with the Registered Owner's charter and by-laws, which resolution did the following: (1) empowered the above-named Authorized Person(s) to effect securities transactions for the Registered Owner on the terms described above; (2) authorized the Secretary to certify, from time to time, the names and titles of the Authorized Persons of the Registered Owner and to notify the Transfer Agent when changes to Authorized Persons occur; and (3) authorized the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until the Transfer Agent receives a duly executed amendment to the Certification form.

Name of Secretary	Date of meeting:	Month	Day	Year
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Witness my hand on behalf of the corporation/association this date.

Signature (Secretary or other authorized officer who is not an Authorized Person on this account)	Month	Day	Year
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The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the corporation/association.

Certifying Officer of the Corporation or Incorporated Association	Month	Day	Year
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Place signature guarantee here, if required.

Signature Guarantee Stamp

Signature Guarantee Stamp

Signature guarantees can be obtained from a bank or brokerage firm, or other financial intermediary that is a member of an Approved Medallion Guarantee Program, or that is otherwise approved by the fund. Just take your unsigned form to one of these institutions and request that an officer guarantee your signature. The officer may require a driver's license and/or other identification, and should stamp and sign this application in the space provided.