



Account Options Form

This form may be used for:
AUTOMATIC INVESTMENT PLAN | SYSTEMATIC WITHDRAWAL | TELEPHONE OPTIONS

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

OVERNIGHT MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

Important: This form is used to make changes to your existing account(s). Please read the Fund's prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

ACCOUNT INFORMATION | If address for Joint Owner(s)/ Authorized Signer(s) is identical, please write "Same."

If this box is checked, I/we give the Fund authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in section 7 in order for this change to be valid.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<input type="text"/>	<input type="text"/>
<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME OF JOINT OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<input type="text"/>	<input type="text"/>
<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<input type="text"/>	<input type="text"/>
<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER</small>	<small>SOCIAL SECURITY / TAX ID NUMBER</small>	<small>PHONE NUMBER</small>

<input type="text"/>	<input type="text"/>
<small>STREET ADDRESS</small>	<small>CITY / STATE / ZIP CODE</small>

Please indicate account(s) that require change:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>ACCOUNT NUMBER(S)</small>	<small>ACCOUNT NUMBER</small>	<small>ACCOUNT NUMBER</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>ACCOUNT NUMBER(S)</small>	<small>ACCOUNT NUMBER</small>	<small>ACCOUNT NUMBER</small>

1 TYPE OF CHANGE | Check all that apply

- Telephone Options - complete sections 2, 3 (if applicable), & 7
- Bank Information - complete sections 3 & 7
- Capital Gains & Dividend Options - complete sections 3 (if applicable), 4, & 7
- Systematic Options - complete sections 3 (if applicable), 5, 6, & 7

2 TELEPHONE AND INTERNET OPTIONS

You automatically have the ability to make telephone and/or Internet purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline. See the prospectus for minimum and maximum amounts *You must provide bank instructions and a voided check in Section 3.

Please check the box below if you wish to decline these options.

I decline telephone and/or Internet transaction privileges

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information 1-800-241-9772.

3 BANK INFORMATION* | Check Appropriate Action

- Add Bank Information (attach pre-printed, voided check, or pre-printed deposit slip)
 Change or Remove Existing Bank Information (attach pre-printed, voided check, or pre-printed deposit slip)
 My existing bank information is no longer valid as of _____.

Note: Your bank information will be removed if no date is specified.

Please attach a pre-printed, voided check, or a pre-printed deposit slip below. Account Type: Checking Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

John Doe Jane Doe 123 Main Street Anytown, USA 12345	58239
VOID	
Pay to the order of _____ \$ _____ _____ DOLLARS	
Memo _____ Signed _____	
⑆ 1 2 3 4 5 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6	

* Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

** Please be advised that a signature guarantee is required in order to add bank information belonging to someone other than the account owner(s). The bank account owner(s) must sign in section 7 and obtain a signature guarantee.

4 CAPITAL GAIN & DIVIDEND OPTIONS

* Cash distributions should be paid by (select one):

- Check to Address of Record ACH to Bank of Record

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Capital Gains		Dividends	
Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you choose the option to have distributions sent via **ACH to bank of record**, please confirm whether you have valid bank information currently on record. If adding or changing bank information, please complete section 3.

5 AUTOMATIC OPTIONS | Automatic Investment Plan (AIP)

(A) Add New AIP

Please allow at least 15 business days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
<small>FUND NAME AND ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>AIP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one): Monthly Quarterly

(B) Update Existing AIP

NOTE: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction.

If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately Specific Date _____ (Note: Your AIP will be stopped immediately if no date is specified)

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
<small>ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>AIP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one): Monthly Quarterly

*Please complete section 3 if new bank information is being used for the Automatic Investment Plan

6 SYSTEMATIC OPTIONS | Systematic Withdrawal Plan (SWP)

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.	
<small>FUND NAME AND ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>SWP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>
Frequency (check one): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
Send proceeds by (check one): <input type="checkbox"/> Check <input type="checkbox"/> ACH to (check one): <input type="checkbox"/> Existing Bank Info <input type="checkbox"/> New Bank Info** <input type="checkbox"/> Special Payee**		
<input type="text"/>	<input type="text"/>	
<small>MAKE CHECK PAYABLE TO</small>	<small>STREET ADDRESS / CITY / STATE / ZIP</small>	

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.	
<small>ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>SWP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>
Frequency (check one): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
Send proceeds by (check one): <input type="checkbox"/> Check <input type="checkbox"/> ACH to (check one): <input type="checkbox"/> Existing Bank Info <input type="checkbox"/> New Bank Info** <input type="checkbox"/> Special Payee**		
<input type="text"/>	<input type="text"/>	
<small>MAKE CHECK PAYABLE TO</small>	<small>STREET ADDRESS / CITY / STATE / ZIP</small>	

* Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.

** Requesting proceeds to a checking or savings account may require a medallion signature guarantee stamp. If we do not have bank information on record, please complete section 3 of this form. Establishing a Special Payee may require a signature guarantee stamp.

7 SIGNATURE(S) AND SIGNATURE GUARANTEE

I have read and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. 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 certify that I am of legal age and have legal capacity to initiate requests on the selected account.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bancorp Fund Services, LLC and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

✓ **Under penalty of perjury, I certify that**

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from FATCA reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends)

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

X	
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SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

X	
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SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

X	
----------	--

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

X	
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SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

***If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

SIGNATURE GUARANTEE STAMP

DATE: (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**

Bank Account Owner Signature(s) Cont'd on back →

7 BANK ACCOUNT OWNER SIGNATURE(S) AND SIGNATURE GUARANTEE

(See Section 3) Cont'd

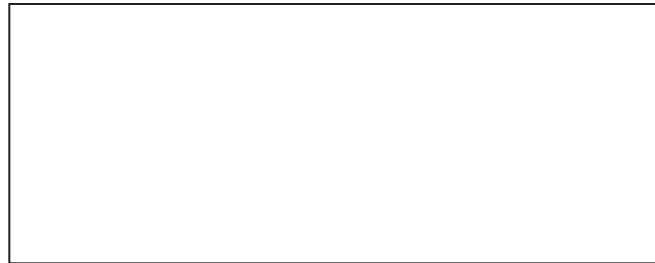
If the bank information provided in section 3 does not list a registered account owner, trustee, or authorized signer as a bank account owner, **ALL** bank account owners must sign below and obtain a signature guarantee.

X

SIGNATURE OF BANK ACCOUNT OWNER

X

SIGNATURE OF BANK ACCOUNT OWNER



SIGNATURE GUARANTEE STAMP

DATE: (MM/DD/YYYY)

PRIVACY NOTICE

In order to provide the products and services of the Fund, we may collect nonpublic, personal information from you. We consider such information to be private and confidential and are committed to respecting your privacy and protecting your information.

We may collect nonpublic, personal information about you from the following sources:

- information that you provide us on applications and other forms;
- information that we generate to service your account, such as account statements; and
- information that we may receive from third parties.

We do not disclose nonpublic, personal information about you without your authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund, including transfer agents and mailing services. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities and require third parties to treat your non-public personal information with the same high degree of confidentiality.

We restrict access to your nonpublic, personal information to those employees who need to know such information to provide products or services to you. We maintain certain physical, electronic and procedural safeguards that are designed to protect your nonpublic, personal information.

In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared with non-affiliated third parties.