

IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

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

>>In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address.** 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 as an age-appropriate distribution at the current day's net asset value.

1 TYPE OF IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

TRADITIONAL IRA ACCOUNT

- For tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

IRA ROLLOVER ACCOUNT

- Rollover IRA to Rollover IRA
 - Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
- Please check the type of qualified plan:*
- Corporate
 - Pension
 - Profit Sharing Plan
 - 401(k)
 - 403(b)
 - Other _____

ROTH IRA ACCOUNT

- For tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA to Roth IRA – year of conversion _____ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

SEP (SIMPLIFIED EMPLOYEE PENSION PLAN)-Each employee must complete an IRA Application.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

SIMPLE IRA (Be sure to complete Section 10)

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

2 INVESTOR INFORMATION

Individual

FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

3 PERMANENT STREET ADDRESS

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed. Residential address is required. If mailing address is also completed, mail will not be sent to this residential address.

STREET ADDRESS		APT/SUITE
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CITY	STATE	ZIP
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DAYTIME PHONE	EVENING PHONE
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E-MAIL ADDRESS

Duplicate Statement #1
 Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET ADDRESS	APT/SUITE
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CITY	STATE	ZIP
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Mailing Address* (If Different from Permanent Address)

If completed this address will be used as the Address of Record for all statements, checks, financial education kits, and required mailings. Foreign addresses are not allowed.

STREET ADDRESS	APT/SUITE
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CITY	STATE	ZIP
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* A P.O. Box may be used as the mailing address.

Duplicate Statement #2
 Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET ADDRESS	APT/SUITE
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CITY	STATE	ZIP
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4 INVESTMENT AND DISTRIBUTION OPTIONS

BY CHECK: Make check payable to the Monetta Funds

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

BY WIRE: Call 1-800-241-9772.

Note: A completed application is required in advance of a wire.

The minimum initial investment amount is \$1,000 for shares in any of the Monetta Funds, with no subsequent investment minimum. **However, the initial investment is lowered to \$100 if also enrolled in the automatic investment Plan with a minimum of \$25 monthly.**

INVESTMENT AMOUNT

MONETTA FUND, (9)\$

MONETTA CORE GROWTH FUND, (17)\$

5 AUTOMATIC INVESTMENT PLAN (AIP)

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

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one):
(\$ 25.00 minimum)

Monthly Quarterly

If no option is selected, the frequency will default to monthly.

MONETTA FUND, (9)

AMOUNT PER DRAW	AIP START MONTH	AIP START DATE	

MONETTA CORE GROWTH FUND, (17)

AMOUNT PER DRAW	AIP START MONTH	AIP START DATE	

PLEASE KEEP IN MIND THAT:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

6 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 or a savings deposit slip, in Section 7.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of 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.

7 VOIDED CHECK FOR BANK INFORMATION

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

58239

John Doe
Jane Doe
123 Main Street
Anytown, USA 12345

Pay to the order of _____ \$ _____
_____ DOLLARS

Memo _____ Signed _____

⑆ 1 2 3 4 5 6 7 ⑆ 1 2 3 4 5 6 7 8 5 6

8 BENEFICIARY INFORMATION If you need more space, please include on the back of this application.

PRIMARY

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY #	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY #	DATE OF BIRTH	%

SECONDARY

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY #	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY #	DATE OF BIRTH	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE	DATE

9 SIGNATURE

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Monetta Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Monetta Funds (the "Fund"). I understand the Fund's 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 each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, 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 certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

✓ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The FUND, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient 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 by me personally. I agree that if any such entries are not honored 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 reasonable amount of time to act upon a written notice of revocation.

✓ 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 and 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.

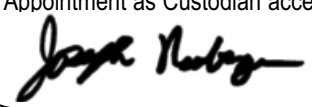
(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

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

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DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE
Appointment as Custodian accepted: U.S. BANK, NA

DATE (MM/DD/YYYY)



10 SIMPLE IRA PLANS ONLY

EMPLOYER INFORMATION:

<input type="text"/>	<input type="text"/>	
EMPLOYER (COMPANY) NAME	EMPLOYER STREET ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER CITY / STATE / ZIP CODE	EMPLOYER CONTACT NAME	EMPLOYER BUSINESS PHONE

11 DEALER INFORMATION (IF APPLICABLE)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER NAME	REPRESENTATIVE LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DEALER'S ID	BRANCH ID	REPRESENTATIVE'S ID	

DEALER HEAD OFFICE INFORMATION

<input type="text"/>
ADDRESS
<input type="text"/>
CITY / STATE / ZIP
<input type="text"/>
TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION

<input type="text"/>	<input type="text"/>
ADDRESS	CODE
<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	

SAGE TUITION REWARDS REGISTRATION

How to Enroll in the College Tuition Rewards Program

Shareholders are eligible to enroll in the College Tuition Rewards Program.
You can start by visiting www.investors.monetta.com and enroll under the Tuition Rewards Button

For complete program details and restrictions please visit www.tuitionrewards.com.

! BEFORE YOU MAIL, HAVE YOU:

- | | |
|---|---|
| <input type="checkbox"/> Completed all USA 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 3? | <input type="checkbox"/> Enclosed your check made payable to Monetta Funds?
<input type="checkbox"/> Included a voided check or a savings deposit slip, if applicable?
<input type="checkbox"/> Signed your application in Section 9? |
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For additional information please call toll free 1-800-241-9772 or visit us on the web at www.monetta.com.

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.