



# Automatic Investment Plan Form

THIS FORM MAY BE USED TO ADD AN AUTOMATIC INVESTMENT PLAN

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

**MAIL TO: MONETTA FUNDS**

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

**OVERNIGHT MAIL TO: MONETTA FUNDS**

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

**Important:** This form is used only to add an Automatic Investment Plan to your existing account(s).

## 1 ADD NEW AUTOMATIC INVESTMENT PLAN (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.

FUND NAME

ACCOUNT NUMBER

AIP START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

DOLLAR AMOUNT (\$25 minimum)

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

Frequency (check one):  Monthly

**\*Please complete Bank Information below.**

## 2 BANK INFORMATION\*

**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

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⑆ 1 234 5 ⑆ ⑆ 1 234 5 6 7 8 5 6

\* Please be advised that a signature guarantee is required in order to add bank information belonging to someone other than the account owner(s).

### 3 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 Automatic Investment Plan 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.

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE: (MM/DD/YYYY)

If the bank information provided in section 2 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. 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.**

X

SIGNATURE OF BANK ACCOUNT OWNER

X

SIGNATURE OF BANK ACCOUNT OWNER

SIGNATURE GUARANTEE STAMP

DATE: (MM/DD/YYYY)