

TRADITIONAL/SEP IRA APPLICATION



Use this *TRADITIONAL/SEP IRA Application* to open a *TRADITIONAL/SEP IRA*.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-551-3998.

Please note that a \$15.00 annual maintenance/custodian fee will be charged for each type of IRA.

PART I-A: TRADITIONAL/SEP IRA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION) (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Date of Death (if applicable)	Daytime Phone*	Evening Phone		

U.S. Citizen Resident Alien (Country)
For mailing outside of U.S., provide:

Country of Residence	Province	Foreign Routing/Postal Code
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Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *Traditional/SEP IRA Application*.

PART I-B: INHERITED IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRAS ONLY)

Note: Inherited IRAs may only be established via a transfer from another Inherited IRA or via a direct rollover of employer plan assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)
For mailing outside of U.S., provide:

Country of Residence _____ Province _____ Foreign Routing/Postal Code _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

- Regular/Spousal Contribution Amount: _____ Tax Year: _____

- Recharacterization Amount: _____ Tax Year: _____

- Employer SEP Contribution Amount: _____ Tax Year: _____

- Direct Transfer Source: Traditional IRA SEP IRA SIMPLE IRA*

- Rollover Source: Traditional IRA SEP IRA SIMPLE IRA*
 Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))

- Other Explain: _____

*You may not transfer SIMPLE IRA assets to a TRADITIONAL/SEP IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan. **Important: Contributions made to your IRA will be for the current tax year unless you specify prior year.**

Note: The Fund's initial investment minimum in each Fund is \$2,500.

PART III: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. Becker Value Equity Fund	NA	\$ _____ or _____ %
2. Becker Small Cap Value Equity Fund	NA	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)

The completion of this section is optional.

Systematic Investment Program (SIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your IRA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize the Becker Value Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually Semi-Annually Quarterly Bi-Weekly Monthly Other (Check months below)
- January February March April May June
 July August September October November December

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Bank Account Information

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
 Provide information about your bank account below.

Enter your checking or savings account information:

Name: _____
Name of Bank: _____ Bank's Phone Number: _____
Bank Address: _____ ABA Routing Number: _____
City: _____ State: _____ Zip Code: _____
Name(s) on Bank Account: _____ Bank Account Number: _____

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

PART V: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your TRADITIONAL/SEP IRA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your TRADITIONAL/SEP IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

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Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART VI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to the Becker Value Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-551-3998.
- Transfer** Funds will be transferred directly from another IRA, SEP-IRA, or retirement plan.
If a direct transfer, please also complete and attach the IRA Transfer Request Form.

(Third party checks, starter checks, counter checks, traveler’s checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VIII: SPOUSAL CONSENT

Complete this section only if you, the TRADITIONAL/SEP IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the TRADITIONAL/SEP IRA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this TRADITIONAL/SEP IRA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART IX: ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the Traditional IRA Owner or Inherited IRA Owner.)

By signing this *Traditional/SEP IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Traditional/SEP IRA Application, IRS Form 5305-A, Disclosure Statement and Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Traditional IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of TRADITIONAL/SEP IRA Owner (or Inherited IRA Owner):

X _____ Date: _____

PART X: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State Zip Code

Dealer Number Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

PART XI: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Becker Value Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery

Becker Value Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208

IRA TRANSFER REQUEST FORM



**The IRA Transfer Request Form is used to facilitate the transfer of assets between two IRAs. This form may be used to transfer Traditional, Roth, SEP, or SIMPLE IRA assets from one IRA Trustee/Custodian/Issuer to another. This form should not be used to facilitate a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-800-551-3998. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: IRA OWNER INFORMATION (RECEIVING IRA) (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

PART II: CURRENT IRA TRUSTEE, CUSTODIAN OR ISSUER

Name of Current IRA Trustee/Custodian/Issuer* _____ Current IRA Account/Plan Number/Fund Name* _____

P. O. Box* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Name of Contact* _____ Contact's Phone Number* _____

***Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER DESCRIPTION (PLEASE ATTACH A STATEMENT)

Type of Transfer (Select One)

- Traditional/SEP IRA-to-Traditional/SEP IRA SIMPLE IRA-to-SIMPLE IRA Roth IRA-to-Roth IRA
- SIMPLE IRA-to-Traditional/SEP IRA*

*You may not transfer SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan.

PART IV: TRANSFER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number _____

Transfer Allocation

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Percentage
1. Becker Value Equity Fund	%
2. Becker Small Cap Value Equity Fund	%

PART V: LIQUIDATION INSTRUCTIONS

I authorize and direct the current IRA Trustee, Custodian or Issuer to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new IRA Trustee/Custodian identified below.

- Partially liquidate \$ _____ of the current IRA account and send the proceeds to the new IRA Trustee/Custodian identified below.
(Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)

- Other (describe): _____

***Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Becker Value Funds: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Becker Value Funds
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Becker Value Funds
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208

PART VI: INSTRUCTIONS REGARDING REQUIRED MINIMUM DISTRIBUTION (RMD)

Note: Complete this section only if the current (i.e., distributing) IRA is subject to Required Minimum Distributions (RMDs).

- Keep my RMD in the existing IRA and transfer the balance as instructed. I have already satisfied my RMD for the year.
- Send me my RMD and transfer the remaining IRA balance as instructed above. Transfer my RMD to the new IRA Trustee/Custodian.

Special Instructions: _____

PART VII: ACKNOWLEDGEMENTS

By signing this *IRA Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person): X _____ Date: _____

PART VIII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. ****Please contact your present custodian to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.**

The following institutions are acceptable signature guarantors:

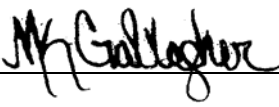
- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



PART IX: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Signature of Receiving IRA Trustee/Custodian Representative: X  Date: _____

MAILING INSTRUCTIONS

Please send completed form to:

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Indianapolis, IN 46206-6110

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Indianapolis, IN 46208