

Investment Advisor Agreement



THRASHER FUNDS

PLEASE PRINT ALL ITEMS AND BE SURE TO SIGN THE BOTTOM OF THIS FORM.

1 CONTACT INFORMATION

Registrant

First Name **MI** **Last Name**

Social Security Number **Date of Birth**

Please select one: U.S. Citizen Resident Alien (must attach a copy of Alien ID, Green Card or Passport)

Joint Registrant (Attach separate list for additional registrants including full name, Social Security number and date of birth.)

First Name **MI** **Last Name**

Social Security Number **Date of Birth**

Please select one: U.S. Citizen Resident Alien (must attach a copy of Alien ID, Green Card or Passport)

*Joint tenancy with rights of survivorship will be presumed unless otherwise specified.

2 ADDRESS

If the mailing address is a post office box, a street address is also required by the Patriot Act. APO and FPO addresses will be accepted.

Registrant Street Address

Street Address **City** **State** **Zip**

Email Address Daytime Phone Evening Phone

Mailing Address City State Zip

Joint Registrant or Co-Trustee Street Address (required if different than Registrant or Trustee Street Address above)

Street Address **City** **State** **Zip**

3 BROKER-DEALER INFORMATION

THIS SECTION SHOULD BE COMPLETED IF SHARES ARE BEING PURCHASED THROUGH A

Broker-Dealer Name Broker Branch # Representative #

First Name MI Last Name

Address City State Zip

4 HOW DID YOU HEAR ABOUT THRASHER FUNDS?

12 SIGNATURES

IMPORTANT: PLEASE READ BEFORE SIGNING.

(Joint accounts require the signature of both Account Owners)

Signature of Account Owner, Custodian or Trustee Title, if applicable Date

Signature of Joint Account Owner or Co-Trustee, if applicable Title, if applicable Date

