



IRA Application

Mail To: The Merger Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Merger Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

Please use this form only for registration of any IRA account. To obtain additional forms or for help in completing this application please call 1-800-343-8959.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **Full Name, Date of Birth, Social Security Number and Permanent Address.** Corporate, trust and other accounts require additional documentation. 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 at the current day's net asset value.

A. Registration

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
SOCIAL SECURITY #		BIRTHDATE (Mo/Dy/Yr) (MUST BE OF LEGAL AGE)

B. Mailing Address

_____	_____
STREET	APT/SUITE
_____	_____
CITY	STATE ZIP
_____	_____
DAYTIME PHONE #	EVENING PHONE #

Duplicate Confirmation to:

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
STREET		APT/SUITE
_____	_____	_____
CITY	STATE	ZIP

C. Type of IRA

(Please select only **one** of the following account types)

- Individual Retirement Account (\$2,000 minimum).
- Rollover IRA.
- SEP IRA.
- Roth IRA.
- Conversion Roth IRA (only available to individuals with single or joint Adjusted Gross Income of \$100,000 or less).
Year of Conversion _____ (Year in which traditional IRA was converted to a Roth IRA.)
- SIMPLE IRA (Must be accompanied by IRS forms 5305 SA and 5304 SIMPLE).

D. Type of Contribution

(Please select **one** of the following types of contributions)

- Yearly Contribution for Tax Year _____ (If prior year, must be post marked on or before April 15th).
- Transfer (assets are a direct transfer from previous custodian). Please attach transfer form.
- Rollover assets (You had **physical receipt** of assets for less than **60 days** from previous IRA).
- Direct Rollover of Assets from your employer sponsored plan (you **did not** have receipt of assets). Please indicate previous account type.
____ Corporate ____ Pension Plan ____ Profit Sharing Plan ____ 401(k) ____ 403 (b) ____ Other (please specify) _____
- Rollover Roth (Rollover of Traditional IRA to Conversion Roth IRA.)

E. Investment

- By check made payable to The Merger Fund. Amount \$ _____
- By wire: Call 1-800-343-8959. Indicate total amount and date of wire \$ _____ Date _____

F. Automatic Investment Plan

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

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

Please start my Automatic Investment Plan as described in the Prospectus beginning: Month _____ Year _____. I hereby instruct U.S. Bancorp Fund Services, LLC, Transfer Agent for The Merger Fund to automatically transfer \$ _____ (minimum \$100.00) directly from my checking, NOW, or savings account named below on the _____ of each month or the first business day thereafter. I understand that I will be assessed a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason. Automatic investment plan contributions to your IRA will be reported as current year contributions.

NAME(S) ON BANK ACCOUNT _____	
BANK NAME _____	ACCOUNT NUMBER _____
BANK ADDRESS _____	BANK ROUTING/ABA# _____
SIGNATURE OF BANK ACCOUNT OWNER _____	SIGNATURE OF JOINT OWNER _____

G. Beneficiary

Primary

NAME _____	RELATIONSHIP _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
SOCIAL SECURITY # _____	BIRTHDATE _____

Secondary

NAME _____	RELATIONSHIP _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
SOCIAL SECURITY # _____	BIRTHDATE _____

H. Signatures

I adopt The Merger Fund Individual Retirement Account and appoint U.S. Bank, National Association to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have received and read the Prospectus for the Fund and have read and understood the IRA Disclosure Statement and Custodial Account Agreement. I certify under penalties of perjury that my social security number above is correct, and that I am of legal age. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares from my Fund account balance. I agree to provide the Internal Revenue Service with information as required. I further agree to follow all of the terms and conditions of the IRA Custodial Account Agreement.

By selecting the option in Section F, I hereby authorize the Fund to initiate credits and debits to my account at the bank indicated and for the bank to credit or debit the same to such account through the Automated Clearing House ("ACH") system.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

SIGNATURE _____	DATE _____
Appointment as custodian accepted:	
U.S. BANK, NATIONAL ASSOCIATION _____	DATE _____

I. Dealer Information

(Please be sure to complete representative's first name and middle initial.)

DEALER NAME _____	REPRESENTATIVE'S LAST NAME _____ FIRST NAME _____ MI _____
DEALER HEAD OFFICE _____	REPRESENTATIVE'S BRANCH OFFICE _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
TELEPHONE NUMBER _____	TELEPHONE NUMBER _____ REP'S A.E. NUMBER _____