

NEW ACCOUNT APPLICATION INSTRUCTIONS



SYMONS
CAPITAL MANAGEMENT

INVESTOR INFORMATION

As an investor, you are responsible for selecting a form of ownership that complies with the laws of your state of residence. Consult your financial advisor or an attorney if you need assistance.

1. **Individual** – An account that represents one adult’s self-controlled investment.
2. **Joint Accounts** are owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the New Account Form. If you do not, Joint Tenants with Rights of Survivorship will apply to your account.
 - **Joint Tenants with Rights of Survivorship (JTWROS)** – Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
 - **Tenants in Common (TEN COM)** – Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Form, please enter the percentage of ownership next to each tenant’s name.
 - **Tenants by the Entirety (TEN ENT)** – This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.
3. **Uniform Gift to Minor’s Act or Uniform Transfer to Minor’s Act (UGMA or UTMA)** – One adult serves as custodian to oversee an investment for one minor. The Custodian has authority, controlling the account for the child’s benefit until the child reaches the age of majority.
4. **Trust Under Agreement or Will** – An agreement that appoints a Trustee to manage property in the best interest of another or to administer a Trust according to the terms of a Will. A copy of the trust or the trust document pages that identify the name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust must be provided to establish the account.
5. **Corporation, Partnership or Other Business Entity** –
 - **Corporation** – The word “Incorporated”, “Corporation”, or the abbreviation “PC” is included in the name of the organization. A Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days must be provided to establish the account. If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity’s form of organization is required.
 - **Partnership** – The word “Partnership” is included in the name of the organization. Partnership document or equivalent document confirming the existence of the entity and the individuals who have authorization to trade on behalf of the account are required to establish the account. If the entity is registered with a state corporation agency, a Good Standing Certificate with certified stamp/seal of the appropriate state agency is acceptable.
 - **Retirement Plan**- Only to be used if it is **not** a Unified Financial Securities sponsored retirement account. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account.
 - **Other Business Entity**- Including non-profit and non-exempt organizations. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account. Contact us to determine if additional documentation is required to open your account type.

NOTE: Do not use this application to open any Unified Financial Securities sponsored retirement account. Please contact us to request the appropriate application.

FUND SELECTION AND INITIAL INVESTMENT

The Fund’s initial investment minimum for each Fund is \$5,000. Subsequent purchase minimums for each Fund are \$250. Please refer to the prospectus for additional information on the Fund minimums. Make your check payable to Symons Institutional Funds. Third party checks, counter checks, starter checks, traveler’s checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable. Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

QUESTIONS?

If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-877-6SY-MONS (877-679-6667).

**NEW ACCOUNT
APPLICATION**



SYMONS
CAPITAL MANAGEMENT

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 1-877-6SY-MONS (877-679-6667).

PART I: INVESTOR INFORMATION (*Denotes Required Information)

The completion of this section is REQUIRED.

- To open any ONE of the following types of accounts – Please check the appropriate box.
- **Please do not use this application for any Unified Financial Securities, Inc. sponsored retirement account. A separate account application is available for these account types.**

Individual or Joint Account Joint Tenants with Rights of Survivorship Tenants in Common no Rights of Survivorship Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

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

Co-Owner's Name* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)* Apartment #

City*

State*

Zip Code*

Co-Owner's Name* (First, M.I., Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)* Apartment #

City*

State*

Zip Code*

U.S. Citizen Resident Alien (Country)

Daytime Phone*

Evening Phone

For mailing outside of U.S., provide:

Country of Residence

Province

Foreign Routing/Postal Code

PART I: INVESTOR INFORMATION-CONTINUED (*Denotes Required Information)

Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)

Custodian'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
Minor's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country)		Daytime Phone*	Evening Phone	
<i>For mailing outside of U.S., provide:</i>				
Country of Residence	Province	Foreign Routing/Postal Code		

NOTE: Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

Trust Under Agreement or Will

Required –A copy of the trust or the trust document pages that identify: The name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust.

This application must be signed and completed for all trustees. If you require additional space, please include information on a separate sheet of paper.

Name of Trust*		Date of Trust*	Tax Identification Number*	
Name of Trustee* (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
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country)		Daytime Phone*	Evening Phone	
<i>For mailing outside of U.S., provide:</i>				
Country of Residence	Province	Foreign Routing/Postal Code		

Trust Under Agreement or Will-Continued

Co-Trustee, if any:

Name of Trustee* (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 _____

U.S. Citizen Resident Alien (Country) _____ Daytime Phone* _____ Evening Phone _____

For mailing outside of U.S., provide:

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

Corporation, Partnership, Retirement Plan, or Other Business Entity

Required – All registrations require documentation confirming the existence of the entity and proof of the individuals who have authorization to act on behalf of this account along with these individuals identifying information. Please refer to the instruction sheet on the first page of this application for all other required identifying documentation.

This application must be signed and completed for **all** corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account. If you require additional space, please include information on a separate sheet of paper.

Type of Entity:

Corporation Partnership Retirement Plan (Non-Unified Financial Securities, Inc. sponsored retirement accounts only)
 Other: (specify) _____

If publicly traded, Exchange Number: _____ CUSIP: _____ Ticker Symbol: _____

Name of Corporation, Partnership or Other Entity* _____ Entity's Tax Identification Number* _____

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

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

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

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

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

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

Daytime Phone* _____

PART II: FUND SELECTION AND INITIAL INVESTMENT

The completion of this section is **REQUIRED**.

Next to the fund name, indicate the amount of your investment. The initial investment minimum in each Fund is \$5,000. Refer to the prospectus for additional purchase requirements. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

A. FUND CHOICE:

TOTAL INVESTMENT AMOUNT:

Symons Alpha Growth Institutional Fund \$ _____

Symons Alpha Value Institutional Fund \$ _____

TOTAL INVESTMENTS \$ _____

PART III: DIVIDEND AND CAPITAL GAINS OPTIONS

The completion of this section is **REQUIRED**.

If you do not mark one for each of the following selections, all dividends and capital gains will be reinvested in the same fund that paid them.

Dividends

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part VIII*)

Short-Term Capital Gains

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part VIII*)

Long-Term Capital Gains

- Reinvest
- Pay in CASH to my address of record
- Automatically deposit into my bank account (complete bank account *Part VIII*)

PART IV: TELEPHONE TRANSACTION PRIVILEGES

The completion of this section is **OPTIONAL**.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part VIII*.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part VIII*.

Please check the box below if you **DO NOT** want these privileges.

By checking this box, you **DO NOT** authorize Symons Institutional Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares.

PART V: ELECTRONIC COMMUNICATION

The completion of this section is *OPTIONAL*.

You can enjoy the convenience of receiving annual reports, transaction confirmations, and account statements online rather than having them mailed to you. You'll get your information faster while receiving fewer bulky mailings to fill your mailbox. Plus you'll help the environment and reduce the fund's expenses. To opt-in, simply check the box below and provide your email address.

When documents are available, you will receive an email message informing you of their availability online. For investment confirmations and account statements, the email will provide a link to our secure site where you will be prompted to sign in. You may then view your confirmation or account statement by clicking on 'Statements' at the top of the page. To review new prospectuses, annual and semi-annual reports, you will be sent an email with an attached document in PDF format for download.

The Symons Institutional Funds may change this notification without prior notice at any time. You may at any time request a paper copy of the Funds' prospectus, annual and semi-annual reports, or statements by calling us Monday through Friday, 9:00AM to 5:00PM Eastern Time, at 1-877-679-6667, or writing us at Symons Institutional Funds, PO Box 6110, Indianapolis IN 46206.

Authorization to discontinue mailing of paper statements - By checking this box, I authorize Symons Institutional Funds to send my shareholder communications electronically to the email address I am providing, rather than mailing me paper copies of these communications. I understand that I may discontinue electronic services and start receiving paper statements at my discretion.

Email Address: _____

PART VI: SYSTEMATIC INVESTMENT PROGRAM

The completion of this section is *OPTIONAL*.

Systematic Investment Program - 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 \$250 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 where requested in *Part VIII*.

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

- | | | | | | |
|-----------------------------------|--|------------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly or Specific Months | |
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

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

*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART VII: SYSTEMATIC WITHDRAWAL PROGRAM

The completion of this section is *OPTIONAL*.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part VIII*.

Systematic Withdrawal Program to Address of Record **Systematic Withdrawal Program via ACH (complete Part VIII)**

I authorize Symons Institutional Funds to initiate withdrawals from my mutual fund account according to the following frequency:

- | | | | | | |
|-----------------------------------|--|------------------------------------|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Monthly or Specific Months | |
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

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

PART VIII: BANK ACCOUNT INFORMATION

Bank Name _____

ABA number (if known) _____

Bank Address _____

City _____

State _____

Zip Code _____

Name(s) on Bank Account _____

Bank Account Number _____

Name(s) on Bank Account _____

Please attach one voided check or deposit ticket. 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 to attach it.	\$ <input type="text"/>
BANK NAME BANK ADDRESS		_____ DOLLARS
MEMO _____	_____	
0: 123456789: 00 123456789 00 : 1003		

PART IX: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate account statement to:

Name _____

Street Address _____

City _____

State _____

Zip Code _____

PART X: SIGNATURE

The completion of this section is **REQUIRED**.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) 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).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

X

Shareholder, Custodian, Trustee, or Authorized Officer Date

X

Shareholder, Custodian, Trustee, or Authorized Officer Date

X

Shareholder, Custodian, Trustee, or Authorized Officer Date

X

Shareholder, Custodian, Trustee, or Authorized Officer Date

Note: All account owners and authorized signers must sign above.

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

APPLICATION CHECKLIST

- Completed all required sections of the application (*Parts I, II, III, X*)
- Provided account owner name, residential address, date of birth and Social Security Number or Tax Identification Number for all individuals listed on the application
- Included all identifying documents for non-individuals or entity registrations
- Enclosed check which meets the fund minimum and is made payable to Symons Institutional Funds
- Provided all required signatures
- Completed bank information for Systematic Investment Program or Systematic Withdrawal Program via ACH options and enclosed a preprinted voided check or savings deposit slip

MAILING INSTRUCTIONS

Please mail-completed application to:

Regular Mail Delivery

Symons Institutional Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery

Symons Institutional Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208