

NEIMAN BALANCED ALLOCATION FUND

Do not use this application to establish a regular Neiman Balanced Allocation Fund account. To print out a regular Shareholder Account Application and /or an IRA Transfer Form, please visit our website at www.neimanfinds.com or call toll-free 1-877-385-2720. For any assistance, please call the above toll-free number.

1. Social Security Number

Social Security Number

2. Account Registration (Please Print or Type)

Name (First, Middle, Last)

Date of Birth

3. Mailing Address

Street

City, State, Zip Code

()

()

Daytime Telephone

Evening Telephone

Additional Address (optional) to send copies of confirms/statements

Name

Street

City, State, Zip Code

4. Type of Account

- Traditional IRA, For the Tax Year _____ Educational IRA, Tax Year _____
 Spousal IRA, For the Tax Year _____ Roth Conversion IRA
 Roth Spousal IRA, For the Tax Year _____ * Roth IRA, For the Tax Year _____ *
 Rollover IRA Simplified Employee Pension (SEP) IRA, For the Tax Year _____
 Catch - Up IRA, For Tax Year _____

IF THE ACCOUNT IS A ROLLOVER, COMPLETE THE FOLLOWING:

- Rollover of an existing Traditional IRA to a Traditional IRA
 Simplified Employee Pension (SEP) IRA to a Traditional IRA
 Employer Sponsored SIMPLE IRA to a Traditional IRA
 Simplified Employee Pension (SEP) IRA to a SEP IRA
 Previous Qualified Employer Plan or 403(b) to a Traditional IRA
 Traditional IRA to a Roth IRA*
 Traditional IRA to Roth Conversion IRA Roth IRA to Roth IRA
 Roth Conversion IRA to Roth IRA* Other IRA to Roth IRA*
 Other IRA to Roth Conversion IRA

* If you want to commingle Roth annual contributions and conversion amounts in one account, select a Roth IRA account (and not a Roth Conversion IRA).

If you are age 70 1/2 or older, you must take your required minimum distribution from your present IRA with the current Custodian before rolling over your retirement assets to the Mundoval Fund.

IF THE ACCOUNT IS A TRANSFER, CHECK THE FOLLOWING:

- Transfer of existing IRA, Roth IRA or SEP-IRA from another Custodian.
You did not have constructive receipt of assets, assets are a direct transfer from previous Custodian (you must also complete the Fund IRA Transfer Form).

5. Your Fund Selection(s)

Minimum Initial Investment Amount:

- \$1,000 per IRA account
- \$1,000 with an Automatic Investment Plan (AIP)
(For AIP, complete Sections 10 and 11)

- Payment by Check Please make check payable to
Neiman Balanced Allocation Fund.
 Purchase by Wire Call 1-877-385-2720 for instructions.

IRA Account Application

To open your IRA account please mail (or send overnight) the completed application to:

Neiman Balanced Allocation Fund
c/o Mutual Shareholder Services, LLC
8000 Town Centre Dr., Suite 400
Broadview Hts., OH 44147

6. Your Fund Selection(s) (Continued)

Neiman Balanced Allocation Fund

Class A Total \$ _____

Class C Total \$ _____

7. Reduced Sales Charge (If Applicable)

Letter of Intent

You can reduce the sales charge you pay on Class A shares by investing a certain amount over a 13-month period. Please indicate the total amount you intend to invest over the next 13-months.

- \$50,000 \$100,000 \$250,000 \$500,000
 \$1,000,000 or more

Rights of Accumulation

If you already own Class A shares of any Neiman Balanced Allocation Fund, you may already be eligible for a reduced sales charge on Class

A share purchases. Please provide the eligible account number(s) below to qualify (if eligible).

Account No. _____

Account No. _____

Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver _____

8. Beneficiary Designation

I designate the individual(s) named below the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. (If you are not survived by any beneficiary, see "Designation of a Beneficiary or Beneficiaries" section of the IRA Disclosure Statement for the distribution of your account assets.)

Primary Beneficiary(ies)

Name _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Name _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Secondary Beneficiary(ies)

Name _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____

Name _____

Social Security Number _____ Date of Birth _____

% of Account _____ Relationship _____
Application is continued on the back

9. Telephone Purchase Option

Telephone Purchase of Shares Option: This option allows you to make additional investments (\$100 minimum per purchase) into your Neiman Balanced Allocation Fund account(s) by phone. Upon your request, we will automatically withdraw the purchase directly from your bank account. **To select this option, you must check the box below and complete Section 11.**

I accept this option

10. Telephone Redemption Option

Telephone Redemption of Shares Option: You can sell shares of your Fund by phone (\$25,000 maximum per day) and a check will be sent to your address of record. You will not be able to redeem by telephone and have a check sent to your address for a period of 15 days following an address change. You will automatically be granted telephone redemption privileges unless you decline them by checking the box below:

I decline this option. All requests to redeem shares from this account must be submitted in writing.

11. Automatic Investment Plan

Automatic Investment Program: This option allows you to make automatic monthly or quarterly investments into your Neiman Balanced Allocation Fund account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$1,000 per account and subsequent investments must be at least \$100 per purchase.

You must also include the bank information in Section 11.

I accept this option

Monthly or Quarterly

Neiman Balanced Allocation Fund Class A \$ _____ (\$100 minimum)

Neiman Balanced Allocation Fund Class C \$ _____ (\$100 minimum)

Begin investment on _____ and on the 5th or 20th*
(month, year) day of the month/quarter.

* Investments will be made on the 20th, unless you select the 5th. Your first automatic investment will become available approximately 15 days after your application is processed.

Important Note: IRA contributions made through the Automatic Investment Program will be credited as contributions for the year in which the shares are purchased. Be sure investments do not exceed your annual contribution limit.

12. Bank Information

You must complete this section to make additional investments into your Neiman Balanced Allocation Fund account(s) by telephone (see Section 8) or to establish an Automatic Investment Plan (see Section 10). **Please attach a voided, unsigned check or savings account deposit slip for the bank account you will be using for transfers.**

Name of Bank

Address of Bank

City, State, Zip Code

Name(s) on Bank Account

Bank Account Number

ABA Number (Available from your bank)

()
Bank Phone Number

This is a: Checking Account Savings Account

13. Withholding

You must select one of the options below. The distributions you receive from your retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of the distributions. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may change your withholding election by notifying the Neiman Balanced Allocation Fund in writing.

I do not want federal income tax withheld from distributions from this account.

I want federal income tax withheld of 10% from distributions from this account.

I want federal income tax of _____ % (greater than 10%) withheld from distributions from this account.

14. Spousal Consent (If Applicable)

Your state may require the spousal consent below if you live in a community or marital property state and you designate someone other than your spouse as a beneficiary. Consult your tax adviser.

I hereby consent to and join in the designation of the beneficiary(ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

Name of Spouse

Signature of Spouse

Date

15. Signature

By signing below:

I hereby adopt the Neiman Balanced Allocation Fund's IRA Custodial Account Agreement and appoint U.S. Bank, N.A., to serve as the Custodian and accept its agent to perform administrative services. I have received the current Prospectus of the Neiman Balanced Allocation Fund to which I am making my initial contribution and I have read the appropriate IRA Custodial Account Agreement and Disclosure Statement and agree to be bound by its terms.

I understand that a \$8 annual maintenance fee may be collected by redeeming sufficient shares from the Neiman Balanced Allocation Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.

By completing Section 11 and signing below:

I authorize debits from the bank account referenced in conjunction with the account options selected. I agree that the Neiman Balanced Allocation Fund shall be fully protected in honoring any such transaction. I also agree that the Neiman Balanced Allocation Fund may make additional attempts to debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

I authorize the Neiman Balanced Allocation Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which exchanges are made. I agree that neither the Neiman Balanced Allocation Fund, the transfer agent nor U.S. Bank, N.A., will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

Under penalty of perjury, I certify that the Social Security Number shown on this application is correct.

The owner must sign.

X

Signature of Individual Owner

Date

If you have any questions, please call: 1-877-385-2720.

Please return applications to:

**Neiman Balanced Allocation Fund
c/o Mutual Shareholder Services, LLC
8000 Town Centre Dr., Suite 400
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Broadview Hts., OH 44147

16. To Be Completed By Investment Representative

Owner's Name (First, Middle, Last)		Social Security Number or Taxpayer Identification Number	
Representative Number	Branch Number	Telephone Number	
Representative Name (First, Middle Initial, Last)			
Firm Name (or Clearing Firm, if applicable)			
Street Address	City	State	Zip
Authorized Signature - Representative		Authorized Signature - Principal (if required by your broker/dealer)	