

NEIMAN BALANCED ALLOCATION FUND

Do not use this application to establish a Neiman Balanced Allocation Fund IRA account. Please visit our website at www.neimanfunds.com or call toll-free 1-877-385-2720 if you have questions regarding IRA accounts or for any assistance.

Shareholder Account Application

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

1. Taxpayer Identification Number

For joint accounts, provide
SSN of first listed owner;
For UGMA/UTMA use minor's SSN

Social Security Number or Taxpayer Identification Number

2. Account Registration (Please Print or Type)

Please check only one type of registration below:

Individual (may not be a minor)

Owner's Name (First, Middle, Last) _____ Date of Birth _____

Joint* (may not be a minor)

Joint Owner's Name (First, Middle, Last) _____ Date of Birth _____

Joint Owner's Name (First, Middle, Last) _____ Date of Birth _____

*Joint tenants with right of survivorship, unless otherwise noted.

Gift/Transfer to a Minor (UGMA/UTMA)

Minor's Name (First, Middle, Last) _____ Minor's Date of Birth _____

Custodian's Name (First, Middle, Last) _____ Custodian's SSN Required _____

Trust

Name of Trust _____

Name of Trustee _____

Additional Trustee (If applicable) _____ Date of Trust _____

Please attach a trust resolution.

Corporation or other Entity

Type of Entity: Corp. Partnership Other _____

Name of Corporation, Partnership, Estate, ect. _____

Please attach a corporate / non-corporate resolution.

3. Mailing Address

Street _____

City, State, Zip Code _____

() ()
Daytime Telephone _____ Evening Telephone _____

Owner's Citizenship:

U.S. Citizen U.S. Resident alien _____
Country _____

Non-resident alien - Residence for tax purposes _____
Country _____
Non-resident aliens with a U.S. address must also submit IRS Form W-8

4. Additional Address or Broker Dealer Information (If Applicable)

To send copies of confirms and statements for this account (optional)

Name _____

Street _____

City, State, Zip Code _____

Broker Dealer Rep Name _____

Broker Dealer Account Number _____

5. Your Fund Selection(s)

Minimum Initial Investment Amounts:

- \$2,500 per regular Fund account.
- \$1,000 with an Automatic Investment Plan.
(for this option, also 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.

Neiman Balanced Allocation Fund

Class A Total \$ _____

Class C Total \$ _____

6. 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 _____

7. Distribution Options

All distributions will be reinvested into additional Fund shares unless you indicate otherwise by selecting payment by check:

Reinvest all Income Dividends and Capital Gains into my account (default).

Pay all Income Dividends and Capital Gains to me by check.

8. 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

Application is continued on the back

9. 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.

10. 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 10.

- I accept this option
 Monthly or Quarterly

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

Neiman Balanced Allocation Fund Class C \$ _____
Fund Name Amount (\$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.

11. 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

James A. Sample 123 Main Street Anywhere, USA 12345 0001
Pay to the order of: _____
_____ DOLLARS
VOID
1 1234567890123456789012 0001

Attach Voided Check or Deposit Slip Here.
We cannot establish options in Sections 8 or 10 without it.

12. Signatures (All Account Owners/Trustees Must Sign)

By signing below:

- I certify that I have received and read the current Prospectus for the Neiman Balanced Allocation Fund and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I understand that the Neiman Balanced Allocation Fund is not backed or guaranteed by any bank, or insured by the FDIC.
- 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 nor the transfer agent 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.

By completing Section 10 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.

Under penalty of perjury, I certify that:

- The Social Security Number or Taxpayer Identification Number shown on this application is correct.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding.

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature of Individual Owner, Trustee, Custodian, etc. Date

X _____
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

X _____
Signature of Joint Owner, Trustee, Custodian, etc. (If applicable) Date

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

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THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions 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, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

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13. 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)	

NEIMAN BALANCED ALLOCATION FUND

COST BASIS ELECTION FORM

Mandatory Cost Basis Reporting Requirement

On October 12, 2010, the Internal Revenue Service (IRS) released the final mandatory cost basis regulations. These regulations were enacted as a result of the Economic Stabilization Act of 2008. As part of the new regulations, brokers and mutual fund companies are now required to provide cost basis reporting to the IRS.

Below is a list of cost basis methods available to you. Please select your preferred reporting method, sign and return with your account application. You may select only **ONE** option. If you do not return this form, the default method of AVERAGE COST will be assigned to your account.

IF YOU WOULD LIKE TO ELECT AVERAGE COST AS YOUR COST BASIS METHOD, THERE IS NO NEED TO RETURN THIS FORM WITH YOUR APPLICATION.

Please see reverse side of this form for cost basis method explanations

- | | |
|---------------------------------------|--------------------------|
| 1. Average Cost (ACST) | <input type="checkbox"/> |
| 2. First In First Out (FIFO) | <input type="checkbox"/> |
| 3. Last In First Out (LIFO) | <input type="checkbox"/> |
| 4. High Cost First Out (HIFO) | <input type="checkbox"/> |
| 5. Low Cost First Out (LOFO) | <input type="checkbox"/> |
| 6. Loss/Gain Utilization (LGUT) | <input type="checkbox"/> |
| 7. Specific Lot Identification (SLID) | <input type="checkbox"/> |

*Secondary Accounting Method Selection: _____
(**Note:** Average Cost is NOT a valid secondary method)

Print Name:

Print Name:

(For joint owner, custodian, trustee, etc.)

Signature:

Signature:

Date: _____

Date: _____

COST BASIS METHODS

Average Cost (ACST) – A method for valuating the cost of covered shares in an account by averaging the effect of all covered transactions in the account. The gain/loss is calculated by taking the cumulative dollar cost of the covered shares owned and dividing it by the number of covered shares in the account. Non-covered securities are calculated separately from covered securities and are not reported to the Internal Revenue Service.

First In First Out (FIFO) – A standing order to sell the oldest shares in the account first.

Last In First Out (LIFO) – A standing order to sell the newest shares in an account first.

High Cost First Out (HIFO) – A standing order to sell shares purchased at the highest cost first.

Low Cost First Out (LOFO) – A standing order to sell shares purchased at the lowest cost first.

Loss/Gain Utilization (LGUT) – A method that evaluates losses and gains then strategically selects lots based on that gain/loss in conjunction with a holding period.

Specific Lot Identification (SLID) – The shareholder needs to designate which specific shares to redeem when placing their redemption request. Please note that Average Cost cannot be used as a secondary accounting method. The secondary accounting method will only be activated if the lots chosen are no longer available.