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NEIMAN  

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FUNDS

# NEIMAN FUNDS

Do not use this application to establish a Neiman Funds IRA account. Please visit our website at [www.neimanfunds.com](http://www.neimanfunds.com) or call toll-free 1-877-385-2720 if you have questions regarding IRA accounts or for any assistance.

## 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

Non-resident aliens with a U.S. address  
must also submit IRS Form W-8

Country

## 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

# Shareholder Account Application

Please mail (or send overnight) the completed application to:

Neiman Funds

c/o Mutual Shareholder Services, LLC

8000 Town Centre Dr., Suite 400

Broadview Hts., OH 44147

## 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 Funds.

☐ Purchase by Wire

Call 1-877-385-2720 for instructions.

### Neiman Large Cap Value Fund

No-Load

Total \$

Class A

Total \$

### Neiman Opportunities Fund

Class A

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 a Neiman 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 Funds 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 Funds 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 Large Cap Value Fund No-Load** \$  
Fund Name Amount (\$100 minimum)

**Neiman Large Cap Value Fund Class A** \$  
Fund Name Amount (\$100 minimum)

**Neiman Opportunities Fund Class A** \$  
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 Funds 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

### 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.

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

## 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 Fund I am investing in 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 Funds are not backed or guaranteed by any bank, or insured by the FDIC.
- I authorize the Neiman Funds and 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 Funds 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 Funds shall be fully protected in honoring any such transaction. I also agree that the Neiman Funds 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 \_\_\_\_\_ Date  
Signature of Individual Owner, Trustee, Custodian, etc.

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

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

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

Please return application to:

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

# NEIMAN FUNDS

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## Shareholder Account Application

Please mail (or send overnight) the completed application to:

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

### 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)	

### 14. Mandatory Cost Basis Reporting Requirement

Internal Revenue Service (IRS) rules require us to report cost basis on mutual fund shares acquired after January 1, 2012. 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 ELECT A METHOD.**

- ☐ Average Cost (ACST)
- ☐ First In First Out (FIFO)
- ☐ Last In First Out (LIFO)
- ☐ High Cost First Out (HIFO)
- ☐ Low Cost First Out (LOFO)
- ☐ Loss/Gain Utilization (LGUT)
- ☐ Specific Lot Identification (SLID)

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

### 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.

# NEIMAN FUNDS

Use this form when transferring assets directly to a NEIMAN FUNDS account from another institution. A recent copy of your current account statement is required. A Regular Account application must also be completed if this is a new account. DO NOT use this form for IRA transfers, distributions or conversions of any kind. Please call us toll free at 1-877-385-2720 with any questions.

## Transfer Request Form

Please mail (or send overnight) the completed form to:

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

### 1. Social Security Number

Social Security Number

### 2. Your Name (Please Print or Type)

Name (First, Middle, Last)

Street

City, State, Zip code

( )

Daytime Telephone

( )

Evening Telephone

### 3. Name and Address of Present Trustee

Name of Current Trustee or Custodian

Address

City, State, Zip

( )

Telephone Number

Account Number

• Please attach a copy of a recent account statement to help us locate your current account.

### 4. Where to Invest Your Assets

☐ I am opening a new account and have attached an application.

☐ Please deposit in my existing account:

ACCOUNT # \_\_\_\_\_

### 5. Authorization for Transfer

To the Custodian or Trustee of my existing account:

Please liquidate and transfer:

☐ \$ \_\_\_\_\_ OR

☐ THE ENTIRE BALANCE

☐ TRANSFER IN KIND ALL NEIMAN FUND SHARES.

☐ Immediately OR ☐ Upon Maturity

X

Signature of Investor (required)

Date

### 6. IMPORTANT NOTE

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:

Name of Bank or Firm: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Title of Officer: \_\_\_\_\_

### ACCEPTANCE OF APPOINTMENT

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the NEIMAN FUNDS. To ensure proper crediting, please return the check made payable to:

NEIMAN FUNDS FBO \_\_\_\_\_

MAIL TO:

NEIMAN FUNDS

C/O MUTUAL SHAREHOLDER SERVICES

8000 TOWN CENTRE DRIVE, SUITE 400

BROADVIEW HEIGHTS, OH 44147

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

CUSTODIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_