

# STANDARD ACCOUNT APPLICATION

(Taxable Accounts)

PARVIN HEDGED EQUITY SOLARI WORLD FUND

**Mail To**

Parvin Fund  
c/o Mutual Shareholder Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH. 44147

**Fax To**

440-526-4446

**For Assistance**

866-458-4744

**INVESTMENT MINIMUM**

Initial

\$1,000

Subsequent

\$ 50

**1 TYPE OF STANDARD ACCOUNT (select one)**

Individual

Joint Tenants with Rights of Survivorship

Custodial (UGMA/UTMA)

\_\_\_\_\_  
Under the Laws of State

\_\_\_\_\_  
Age of Termination

Partnership  
Section 2: Provide entity name and tax ID  
Section 3: Provide control person information.  
Include with application: a copy of the Partnership Agreement.

Corporation  
Section 2: Provide entity name and tax ID  
Section 3: Provide control person information.  
Include with application: a copy of the Articles of Incorporation.

Estate  
Section 2: Provide estate name and tax ID.  
Section 3: Provide executor's information. Include with application: a copy of the decedent's death certificate and a copy of the Letters of Testamentary.

\_\_\_\_\_  
Decedent's account # at MSS

**2 PRIMARY ACCOUNT OWNER (please print)**

\_\_\_\_\_  
Name (First, Middle Initial, Last)

\_\_\_\_\_  
Street Address (no P.O. Box)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
Email Address

**3 JOINT ACCOUNT OWNER (or CUSTODIAL) (if applicable)**

\_\_\_\_\_  
Name (First, Middle Initial, Last)

\_\_\_\_\_  
Street Address (no P.O. Box)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
Email Address

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## 4 SEND A DEPOSIT TO PARVIN FUND (select one)

Choose only one, check or wire.

(initial investment minimum \$1,000)

**Deposit by check:** Make check payable to: Parvin Fund FBO [Your Account Name] \$ \_\_\_\_\_

**Deposit by wire:** Call MSS at (866) 458-4744 for instructions.

Amount

## 5 DIVIDENDS, CAPITAL GAINS & TELEPHONE OPTIONS

All income dividends and capital gains distributions will be reinvested in additional shares as stated in the Prospectus unless the box below is checked. You elect to have telephone redemption privileges unless you check the box below:

Please pay all income dividends and capital gains distributions in cash

I do not want telephone redemption privileges

## 6 TAXPAYER INFORMATION

If you do not have a Social Security number or a Taxpayer ID number, you must complete a Form W-8 which is available by calling 866-458-4744.

Citizenship:  U.S. Citizen

Resident Alien

Non-Resident Alien

The Internal Revenue Service (IRS) requires each taxpayer to provide a Social Security number or Taxpayer Identification number and to make the following certifications. I certify under penalty of perjury that:

1. The Social Security number or Tax ID number stated above is correct.

2. I am not subject to backup withholding because:\* A. The IRS has not informed me that I am subject to backup withholding

B. The IRS has notified me that I am no longer subject to backup withholding

\*If this statement is not true and you are subject to backup withholding, cross out line 2 just above.

## 7 SIGNATURE AND AGREEMENT

I/We, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Parvin Fund and are purchasing shares in accordance with its provisions. I/We further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment.

I/We understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I/We authorize the 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. I/We agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

\_\_\_\_\_  
 Primary Account Owner Printed Name

\_\_\_\_\_  
 Primary Account Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Joint (or Custodial) Account Owner Printed Name

\_\_\_\_\_  
 Joint (or Custodial) Account Owner Signature

\_\_\_\_\_  
 Date

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### 8 AUTOMATIC INVESTMENT PLAN (optional)

YES, I want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your Parvin Fund from your bank, savings and loan, or credit union using the ACH system. **You must attach a voided check to this application.** Money will be transferred only from the account indicated on the check.

**FREQUENCY:** (select one)

MONTHLY

QUARTERLY

**AMOUNT:** (minimum \$50)

\$ \_\_\_\_\_  
Amount

**FINANCIAL INSTITUTION:**

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Phone Number

ACH transfers will be processed on the 5th of each month. If the 5th falls on a weekend or holiday it will be processed on the first business day thereafter.

It is understood that this authorization may be terminated by me/us at any time by written notification to Parvin Fund. The termination request will be effective as soon as Parvin Fund has had reasonable time to act upon it.

### 9 DUPLICATE CONFIRMATIONS AND STATEMENTS (optional)

Please send duplicate confirmations and statements to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**IF BROKER-DEALER/ADVISOR**

\_\_\_\_\_  
Rep Name

\_\_\_\_\_  
Branch/Rep Number

\_\_\_\_\_  
Phone Number