



PERSONAL TRUST 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

Include with application: a copy of the cover page and signature page from Trust document.

1 ACCOUNT INFORMATION (please print)

Title of Trust (I/we will include the title, trustee(s), and effective date in the fund registration.)

Tax ID or Social Security Number

Effective Date of Trust

Trustee Name (Primary Trustee)

Additional Trustee (if applicable)

Street Address (no P.O. Box)

Additional Trustee (if applicable)

City

State

Zip

Additional Trustee (if applicable)

Mailing Address (if different from above)

Additional Trustee (if applicable)

City

State

Zip

Social Security Number

Date of Birth

Primary Phone Number

Secondary Phone Number

Email Address



PERSONAL TRUST ACCOUNT APPLICATION

(Taxable Accounts)

PARVIN HEDGED EQUITY SOLARI WORLD FUND

2 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 _____

3 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

4 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.

5 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. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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 Trustee Printed Name

Primary Trustee Signature

Date

Co-Trustee Printed Name

Co-Trustee Signature

Date

PERSONAL TRUST ACCOUNT APPLICATION

(Taxable Accounts)

PARVIN HEDGED EQUITY SOLARI WORLD FUND

6 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