

# The Berkshire Funds

Do not use this application to establish a regular Berkshire Funds account. To request a regular Shareholder Account Application and/or a IRA Transfer Form, please call toll-free 1-877-526-0707 or visit our website at [www.berkshirefunds.com](http://www.berkshirefunds.com). There is a \$2,000 minimum initial investment per Fund to establish an IRA. The minimum subsequent investment is \$200. If you have any questions, please contact an Investor Service Representative at 1-877-526-0707.

# IRA Account Application

To open your IRA account please mail the completed application to:

The Berkshire Funds  
c/o Mutual Shareholder Services, LLC  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

BERKSHIRE  
FUNDS

## 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 \_\_\_\_\_     Rollover IRA  
 Spousal IRA, For the Tax Year \_\_\_\_\_     Roth Conversion IRA  
 Roth Spousal IRA, For the Tax Year \_\_\_\_\_\*     Roth IRA, For the Tax Year \_\_\_\_\_\*  
 Simplified Employee Pension (SEP) IRA, For the 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 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 Berkshire Funds.

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 Berkshire Funds IRA Transfer Form).

## 5. Your Fund Selection(s)

The minimum initial investment is \$2,000 per Fund.

- Payment by Check    Please make checks payable to the Fund name.  
 Purchase by Wire    Call 1-877-526-0707 for instructions.

Berkshire Focus Fund                              \$ \_\_\_\_\_  
 Berkshire Technology Fund                              \$ \_\_\_\_\_  
Total    \$ \_\_\_\_\_

## 6. 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

## 7. 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

Application is continued on the back

## 8. Telephone Purchase Option

**Telephone Purchase of Shares Option:** This option allows you to make additional investments (\$200 minimum per purchase) into your Berkshire 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

## 9. Telephone Redemption Option

**Telephone Redemption of Shares Option:** You can sell shares of your Fund by phone (\$50,000 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 (\$100 minimum per purchase) into your Berkshire Fund account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$2,000 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

Fund Name	\$
	Amount (\$100 minimum)
Begin investment on (month, year)	<input type="checkbox"/> 5th or <input type="checkbox"/> 20th*
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

Fund Name	\$
	Amount (\$100 minimum)
Begin investment on (month, year)	<input type="checkbox"/> 5th or <input type="checkbox"/> 20th*
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

\* If no date is specified, investments will be made on the 20th. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

Important Note: IRA contributions made through the Automatic Investment Program will be credited as contributions for the year in which the shares are purchased.

## 11. Bank Information

You must complete this section to make additional investments into your Berkshire 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: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

## 12. 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 Berkshire Funds 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.

## 13. Signature

### By signing below:

I hereby adopt the appropriate Berkshire Funds 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 Fund(s) 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 their terms.

I understand that a \$12.50 annual maintenance fee may be collected by redeeming sufficient shares from each Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.

I understand that my account(s) will have exchange privileges with other Berkshire Funds.

### 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 Berkshire Funds shall be fully protected in honoring any such transaction. I also agree that the Berkshire 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.

I authorize the Berkshire Funds 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 Berkshire Funds, 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: 1-877-526-0707

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