

AUTOMATIC INVESTMENT PLAN APPLICATION

MARSICO FUNDS®

IMPORTANT INFORMATION

Use this application to establish the Automatic Investment Plan option on an existing account. To avoid having your application returned, please be sure to complete all sections. If you have any questions regarding this application, please contact an Investor Service Representative at **888-860-8686**.

Please return application to:

Marsico Funds
UMB Fund Services, Inc. – Transfer Agent
P.O. Box 3210, Milwaukee, WI 53201-3210

1 ACCOUNT REGISTRATION

Please complete the information below so that we may identify your account.

Name (first, middle, last)

Street

City, State, ZIP Code

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Daytime Telephone Evening Telephone

Social Security Number or Taxpayer Identification Number

2 AUTOMATIC INVESTMENT PLANS

Automatic Investment Plan

This option allows you to make automatic monthly, quarterly, semi-annual or annual investments (\$50 minimum per purchase) into your Marsico account(s) 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 \$50 per purchase. To select this option, please check the appropriate boxes and complete the information below and section 3.

Fund Name \$
Amount (\$50 minimum)

Account Number

Begin Investments on (month, year)

5th 10th 15th 20th*
 monthly quarterly semi-annually annually

Automatic Exchange Plan

This option allows you to make automatic monthly exchanges (\$50 minimum per purchase) between identically registered account(s). To establish a new account with this program, you must initially invest at least \$2,500 per account and subsequent monthly investments must be at least \$50 per purchase. To select this option, please check the appropriate box and complete the information below.

I hereby instruct Marsico Funds to start my Automatic Exchange Plan as described in the Prospectus to automatically exchange:

From (fund name) Account Number

To (fund name) Account Number

\$
Amount (\$50 minimum) Beginning on (month, year)

5th 10th 15th 20th*

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

3 BANK INFORMATION

Complete this section and 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)

This is a: checking account savings account

A medallion signature guarantee is required if you are adding new bank information to your account.

4 SIGNATURES (All Account Owners Must Sign)

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Policy of the Fund(s) in which I am investing 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 a signed Automatic Investment Plan Application must be received 10 days prior to the initial transaction and that the plan will be terminated upon redemption of all shares.
- I authorize the Funds and their 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 Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. The Funds will employ reasonable procedures to confirm that instructions communicated by phone are genuine. To the extent that the Funds do not follow these procedures, they may be liable for losses due to unauthorized or fraudulent instructions.

By completing section 3 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Marsico Funds shall be fully protected in honoring any such transaction. I also agree that Marsico Funds may make additional attempts to debit/credit 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.

X
Signature of Owner Date

X
Signature of Owner Date

The medallion signature guarantee must be provided by a bank, member of a national securities exchange, savings and loan association, credit union, broker or other acceptable financial institution. **A notary public cannot provide a medallion signature guarantee.**

Medallion signature guarantee. Place guarantee stamp and authorized signature here.