

# ACCOUNT APPLICATION

## MARSICO FUNDS®

### IMPORTANT INFORMATION

Do not use this application to establish a Marsico Funds IRA account. To request a Marsico Funds IRA Application and/or a Marsico Funds IRA Transfer Form, please call **888-860-8686** or visit our website at **marsicofunds.com**. If you have any questions, please contact an Investor Service Representative at **888-860-8686**. **The Fund does not accept investments from individuals or entities without a U.S. Social Security Number/Tax Identification Number and a U.S. address or Foreign Financial Institutions as defined in the USA PATRIOT Act.**

### NEW PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law now 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. We may also ask to see your driver's license or other identifying documents.

In order to process your application, you must complete sections 1, 2, 3 and sign section 12 on the back of this application. Also include any documentary information required.

## 1 ACCOUNT REGISTRATION

Please check only one type of registration below:

**Individual\*** (may not be a minor)  **Joint\*\*** (may not be a minor)

Owner's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner's Name (first, middle, last) \_\_\_\_\_

Joint Owner's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner's Name (first, middle, last) \_\_\_\_\_

\*To establish a Transfer on Death account, please call 888-860-8686 for an additional form.  
\*\*Joint tenants with rights of survivorship, unless otherwise noted.

**Uniform Gifts/Transfers to Minor's Account (UGMA, UTMA)**

Minor's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Minor's Name (first, middle, last; one name only) \_\_\_\_\_

Custodian's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Custodian's Name (first, middle, last; one name only) \_\_\_\_\_

**Trust**  **Government**  **C-Corporation**  **S-Corporation**  **Partnership**

**Limited Liability Company (LLC) (as classified for tax purposes):**

**C-Corporation**  **S-Corporation**  **Partnership**

**Other Entity** \_\_\_\_\_

Trust Instrument or other organizational documentation required.

Name of Trust/ Corporation/Entity \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trustee/Partner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Trustee/Partner Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check if appropriate:  I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization.)

**Exempt Payee Code** \_\_\_\_\_

**Note:** Please see IRS Form W-9 for a list of exempt payee codes.

## 3 MAILING ADDRESS

Applications will only be accepted if they contain a U.S. or Puerto Rico address.

Street (If P.O. Box, please also complete the residential/street address box below.) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

( ) ( )  
Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

( )  
Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Additional Address** or  **Broker Dealer Information** (if applicable)

**Residential/Street Address**

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 \_\_\_\_\_

## 4 AUTOMATIC INVESTMENT PLANS

**Automatic Investment Program:** This option allows you to make automatic monthly, quarterly, semi-annual or annual investments into your Marsico Funds account(s) directly from your bank account. To establish a new account with this program, you must meet the minimum investment amounts as outlined in the prospectus. To select this option, please complete the information below. **You must also include the bank information in section 5.**

\_\_\_\_\_  
Fund Name \$ Amount

Begin Investment on (month, year) \_\_\_\_\_

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

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

## 2 YOUR FUND SELECTION(S)

**Payment by Check** Please Make Checks Payable to Fund Name

**Purchase by Wire** Call **888-860-8686** for Instructions

Minimum Initial Investment Amounts for Investor Class:

- \$2,500 per regular Fund account
- \$500 for a Uniform Gifts/Transfers to Minor Account
- \$1,000 with an Automatic Investment Plan (Please complete sections 4 and 5.)

**40** – Marsico Focus Fund (Investor Class) \$ \_\_\_\_\_

**41** – Marsico Growth Fund (Investor Class) \$ \_\_\_\_\_

**42** – Marsico Midcap Growth Focus Fund (Investor Class) \$ \_\_\_\_\_

**43** – Marsico International Opportunities Fund (Investor Class) \$ \_\_\_\_\_

**45** – Marsico Global Fund (Investor Class) \$ \_\_\_\_\_

Minimum Initial Investment Amounts for Institutional Class:

- \$100,000 for all account types (Please complete sections 4 and 5 for accounts with an Automatic Investment Plan.)

**540** – Marsico Focus Fund (Institutional Class) \$ \_\_\_\_\_

**541** – Marsico Growth Fund (Institutional Class) \$ \_\_\_\_\_

**542** – Marsico Midcap Growth Focus Fund (Institutional Class) \$ \_\_\_\_\_

**543** – Marsico International Opportunities Fund (Institutional Class) \$ \_\_\_\_\_

**545** – Marsico Global Fund (Institutional Class) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

## 5 BANK INFORMATION

You must complete this section if you would like the ability to add funds to your account electronically, conduct online purchase transactions or have redemption proceeds sent to your bank electronically. **Please attach a voided, unsigned check or deposit slip for this bank account.**

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

Application is continued on the back

## 6 DISTRIBUTION OPTIONS

All distributions will be reinvested in additional Fund shares unless you indicate otherwise below:

- Send all dividends and capital gains to the mailing address in section 3.
- Send all dividends and capital gains to the bank listed in section 5.

## 7 TELEPHONE TRANSACTIONS

As a Marsico Funds shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone! **You must have telephone transaction privileges in order to conduct Internet transactions (section 8).**

You will automatically be granted telephone transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

- I decline telephone transaction privileges. All requests to redeem shares from this account must be submitted in writing.

\*Additional documentation is required for Trusts, Corporations, Partnerships or Other Entities.

## 8 INTERNET TRANSACTIONS

You can conduct purchase, exchange and redemption transactions over the Internet through our website by enrolling for online transaction privileges at [marsicofunds.com](http://marsicofunds.com). **Please note that you must have telephone privileges (section 7) in order to conduct online transactions. In addition, you must have ACH instructions on your account (section 5) in order to conduct online purchases and have redemption proceeds sent to you via ACH and wire.**

You will have the ability to establish online transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add any online transaction privileges in the future.**

- I decline online transaction privileges.

## 9 ELECTRONIC DELIVERY AUTHORIZATION

You can receive shareholder reports (prospectus updates, annual report and semi-annual report) and statements (transaction confirmations and account statements) in electronic rather than paper form. To enroll for this service, please visit our website at [marsicofunds.com](http://marsicofunds.com).

## 10 AUTOMATIC EXCHANGE PLAN

This option allows you to make automatic monthly exchanges between identically registered Marsico Funds account(s). To establish a new account with this program, you must meet the minimum investment amounts as outlined in the prospectus. To select this option, please 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) \$  
Amount

To (fund name) Beginning on the (month, year)

- 5th  10th  15th  20th<sup>††</sup>

<sup>††</sup>If no date is specified, investments will be made on the 20th day of each month. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

## 11 COST BASIS ELECTION

Marsico Funds is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares.

Marsico Funds' default tax lot identification method is **FIFO (first-in, first-out)**, which means the first shares acquired are the first shares sold. You may affirm this method or choose another method below. **Note: IRS Regulations do not permit the change of a cost basis election on executed trades.**

- I choose the Marsico Funds default method of FIFO
- I choose a method **other** than FIFO (select a method below)
  - HIFO – Highest-In, First-Out
  - LIFO – Last-In, First-Out
  - Specific Identification
  - Average Cost

If no option is selected above, your account will use the Marsico Funds' default method. Please note that prior to January 1, 2012 cost basis may have been tracked as average cost, but was not reported to the IRS.

## 12 SIGNATURES (All Account Owners/Trustees 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 agree to be bound by its terms and conditions, as it may be amended from time to time. 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 my account(s) will automatically have exchange privileges with other Marsico Funds. I agree to obtain and read the Prospectus for each Fund into which I invest. The terms, representations and conditions in this application will apply to any account established at a later date.
- I authorize the Marsico Funds and its agents to act upon instructions (by phone, in writing, over the Internet or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which I invest. I agree that neither the Marsico 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.
- I certify that I am not a Foreign Financial Institution as defined in the USA PATRIOT Act.

By completing section 5 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.

By selecting the box below I am certifying that I am NOT a U.S. Citizen.

- I am a Resident Alien

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. 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.
3. I am a U.S. person (including U.S. resident alien).
4. I am exempt from FATCA reporting.

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.

All owners/trustees must sign. For UGMA/UTMAs, Custodian should sign.

X \_\_\_\_\_  
Signature of Individual Owner, Trustee, Custodian, Date  
Corporation, Partnership or Other Entity

X \_\_\_\_\_  
Signature of Joint Owner, Trustee or Custodian (if applicable) Date

X \_\_\_\_\_  
Additional Owner's Signature (if applicable) Date

**Please complete sections 1, 2, 3 and sign section 12.**

Please return application to:

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

This form can also be downloaded from our website: [marsicofunds.com](http://marsicofunds.com) or photocopied.

If you have any questions, please call: **888-860-8686**.

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