

# IRA APPLICATION

## MARSICO FUNDS®

### IMPORTANT INFORMATION

Do not use this application to establish a regular Marsico Funds account. To request a Marsico Funds Account Application and/or a Marsico Funds IRA Transfer Form, please call **888-860-8686** or visit our Website at **www.marsicofunds.com**. There is a \$1,000 minimum (\$500 for Spousal IRA) initial investment per Fund. If you have any questions, please contact an Investor Service Representative at **888-860-8686**.

### 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 open your IRA account, you must complete sections 1, 2, 3, 4, 5, 6, 13 of this application and sign section 14.**

### 1 ACCOUNT REGISTRATION

If the IRA account is for a minor, please provide the following information for the responsible person.

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

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

Inherited IRA Owner or Responsible Person's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Inherited IRA Owner or Responsible Person's Name (first, middle, last) \_\_\_\_\_

### 2 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 (first, middle, last) \_\_\_\_\_

Street \_\_\_\_\_

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

Broker Dealer Rep. Name \_\_\_\_\_ Broker Dealer Account Number \_\_\_\_\_

### 3 TYPE OF ACCOUNT (Please select all that apply)

**Traditional IRA** For Tax Year \_\_\_\_\_

**Roth IRA** For Tax Year \_\_\_\_\_ Year Roth IRA Started \_\_\_\_\_  
If you are converting a Marsico Funds IRA, please include your Account Number.

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

**Spousal Roth IRA** For Tax Year \_\_\_\_\_

**Spousal IRA** For Tax Year \_\_\_\_\_

If electing this option, the non-earning spouse must be shown as the account holder in Section 1 above.

**SEP-IRA** For Tax Year \_\_\_\_\_

**Rollover**

You had constructive receipt of assets for less than 60 days or you have authorized a direct rollover from a qualified plan. If this is a Rollover Account, please specify the type of account held by the previous Custodian:

**Traditional IRA to Traditional IRA**

**Traditional IRA to Roth IRA**

**Roth IRA to Roth IRA**

**Employer-Sponsored SIMPLE to Traditional IRA**

**Other Employer-Sponsored Plan to Traditional IRA**

**Other Roth Employer-Sponsored Plan to Roth IRA**

**Is this IRA comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)?**

Yes  No

**Transfer**—You did not have constructive receipt of assets; assets are a direct transfer from the previous Custodian. **If this is a Transfer, you must also complete an IRA Transfer Form.**

**Please Note:**

If you are age 70½ or older, you must take your minimum annual distribution from your account with the current Custodian before rolling over your IRA or other retirement assets or processing a trustee to trustee conversion to the Marsico Funds. **If this is a trustee to trustee conversion, you must also complete an IRA Transfer Form.**

### 4 YOUR FUND SELECTION(S)

The initial minimum investment is \$1,000 (\$500 for Spousal IRA) per Fund and must accompany the completed application.

**Payment by Check** Please Make Checks Payable to Fund Name  
 **Purchase by Wire** Call **888-860-8686** for Instructions

**40** – Marsico Focus Fund \$ \_\_\_\_\_

**41** – Marsico Growth Fund \$ \_\_\_\_\_

**42** – Marsico 21st Century Fund \$ \_\_\_\_\_

**43** – Marsico International Opportunities Fund \$ \_\_\_\_\_

**44** – Marsico Flexible Capital Fund \$ \_\_\_\_\_

**45** – Marsico Global Fund \$ \_\_\_\_\_

**48** – Marsico Shares of the BofA Cash Reserves Fund (Money Market Fund) \$ \_\_\_\_\_

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

### 5 DESIGNATION OF IRA BENEFICIARIES

IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

#### Primary Beneficiaries:

Name of Beneficiary \_\_\_\_\_

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

% of Account \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

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

% of Account \_\_\_\_\_ Relationship \_\_\_\_\_

#### Secondary Beneficiaries:

Name of Beneficiary \_\_\_\_\_

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

% of Account \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

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

% of Account \_\_\_\_\_ Relationship \_\_\_\_\_

Application is continued on the back

## 6 SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences for you and your spouse so please consult with a competent advisor prior to completion. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes this spousal consent provision. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

### CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## 7 AUTOMATIC INVESTMENT PLANS

**Automatic Investment Program:** This option allows you to make automatic monthly, quarterly, semiannual or annual investments (\$50 minimum per purchase) into your Marsico Funds retirement account(s) directly 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. **You must also include the bank information in section 8.**

\_\_\_\_\_  
Fund Name

\_\_\_\_\_ \$ \_\_\_\_\_  
Amount (\$50 minimum)

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

5th       10th       15th       20th\*\*  
 monthly       quarterly       semiannually       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.

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

## 8 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

## 9 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 10).**

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.

## 10 INTERNET TRANSACTIONS

You can make purchases into your existing IRA account(s) and conduct exchange transactions over the Internet through our Website by enrolling for online transaction privileges at [www.marsicofunds.com](http://www.marsicofunds.com). **Please note that you must have telephone privileges (section 9) in order to conduct online transactions. In addition, you must have ACH instructions on your account (section 8) in order to conduct online purchases.**

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.

## 11 AUTOMATIC EXCHANGE PLAN

This option allows you to make automatic exchanges (\$50 minimum per purchase) between identically registered Marsico Funds account(s) and Marsico Shares of the BofA Cash Reserves Fund (Money Market) account. To establish a new IRA account with this program, you must initially invest at least \$1,000 per account and subsequent monthly investments must be at least \$50 per purchase. 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 (\$50 minimum)

\_\_\_\_\_  
To (Fund name)

\_\_\_\_\_ Beginning on the (month, year)

5th     10th     15th     20th\*\*\*

\*\*\* 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.

## 12 ELECTRONIC DELIVERY AUTHORIZATION

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

## 13 WITHHOLDING:

(FORM W-4P/OMB NO. 1545-0074) DEPARTMENT OF TREASURY,  
INTERNAL REVENUE SERVICE

Withholding Election is not necessary for Roth Accounts.

**NOTICE:** The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, **Withholding Certificate for Pension or Annuity Payments**, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

**ELECTION:** Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of \_\_\_\_\_% (greater than 10%) withheld from my distribution from this account.

### STATE TAX WITHHOLDING ELECTION

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please contact a Shareholder Services representative at 888-860-8686. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

Application is continued on the next page

## 14 SIGNATURE AND DATE

### By signing below:

- I hereby adopt the appropriate Marsico Funds IRA Custodial Account Agreement and appoint UMB Bank, n.a., to serve as the Custodian and accept its agent to perform administrative services. I have received the current Prospectus(es) and Privacy Policy 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 per account per Fund 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 Marsico Funds.

### By completing section 8 and signing below:

- I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Marsico Funds shall be fully protected in honoring any such transaction. I also agree that the 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.
- 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 exchanges are made. I agree that neither the Marsico Funds, the transfer agent nor UMB 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.

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I certify that I have received and read the Funds' prospectus in which I am investing. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

**The Depositor and UMB Bank, n.a. as Custodian hereby execute this IRA Account Application as of the date below the Owner's signature.**

### The owner must sign

X \_\_\_\_\_  
Signature of IRA Owner (or Inherited Owner) Date

X \_\_\_\_\_  
Responsible Party Date

Please complete sections 1, 2, 3, 4, 5, 6, 13 and sign section 14.

This form can also be downloaded from our Website: [www.marsicofunds.com](http://www.marsicofunds.com) or photocopied. If you have any questions, please call: **888-860-8686**.

Please return application to:

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

MA212-0614