BRIDGES INVESTMENT FUND, INC.

IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

Mail to: Bridges Investment Fund
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Bridges Investment Fund
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: ***full name, date of birth, Social Security number, and permanent street address.*** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1 Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

❑ **Traditional IRA Account**
- ❑ For tax year ____________
- ❑ IRA to IRA Transfer (please complete IRA Transfer Form)
- ❑ Rollover (shareholder had receipt of funds)
- ❑ Inherited IRA - Name of Decedent__________________________ Date of Death___________ Date of Birth___________

❑ **IRA Rollover Account**
- ❑ Rollover IRA to Rollover IRA
- ❑ Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
  Please check the type of qualified plan:
  ❑ Corporate ❑ Pension ❑ Profit Sharing Plan ❑ 401(k) ❑ 403(b) ❑ Other _________________________

❑ **ROTH IRA Account**
- ❑ For tax year ____________
- ❑ Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- ❑ Traditional IRA conversion to Roth IRA – year of conversion ________ in which Traditional IRA was converted to Roth IRA
- ❑ Rollover from Roth IRA (shareholder had receipt of funds)
- ❑ Inherited Roth IRA - Name of Decedent________________________ Date of Death___________ Date of Birth___________

❑ **SEP (Simplified Employee Pension Plan)** – Each employee must complete an IRA Application.
- ❑ Contribution
- ❑ Transfer from another SEP IRA Account
- ❑ Rollover (shareholder had receipt of funds)

❑ **SIMPLE IRA** (Be sure to complete Section 9)
- ❑ Contribution
- ❑ Transfer from another SIMPLE IRA Account
- ❑ Rollover (shareholder had receipt of funds)

2 Investor Information

❑ Individual

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (M/D/YYYY)

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE OR STATE I.D. NUMBER	STATE OF ISSUE

3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

E-MAIL ADDRESS

❑ Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

** A P.O. Box may be used as the mailing address.*

❑ Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

❑ Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

4 Investment Amount

$1,000 Minimum

❑ **By check:** Make check payable to the Bridges Investment Fund.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

❑ **By wire:** Call 866-934-4700.

Note: A completed application is required in advance of a wire.

Investment Amount $

5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 6 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

If no option is selected, the frequency will default to monthly.

$100 minimum

AMOUNT PER DRAW	AIP START MONTH	AIP START DATE

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease the year in which a shareholder reaches the age of 70 1/2 (excluding SEP, SIMPLE and Roth IRA accounts).

6 Voided Check for Bank Information

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

53289

Pay to the order of ______________________________ $ __________

____ DOLLARS

VOID

Memo__________________ Signed______________________

⑆12345⑈678⑆ ⑆123456785678⑆

7 Beneficiary Information | *If you need more space, please enclose a separate sheet of paper.*

Primary

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X

SIGNATURE OF SPOUSE *DATE*

8 Signature

✔ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Bridges Investment Fund Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Bridges Investment Fund (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

✔ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

✔ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✔ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE *DATE (MM/DD/YYYY)*

Appointment as Custodian accepted:
U.S. BANK, N.A.

Joseph Neuberger

9 SIMPLE IRA Plans Only

Employer Information:

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE

10 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER

! Before you mail, have you:

- ❑ Completed all USA PATRIOT Act required information?
  - – Social Security or Tax ID Number in Section 2?
  - – Birth Date in Section 2?
  - – Full Name in Section 2?
  - – Permanent street address in Section 3?
- ❑ Enclosed your check made payable to Bridges Investment Fund?
- ❑ Included a voided check, if applicable?
- ❑ Signed your application in Section 8?

For additional information please call toll-free 866-934-4700 or visit us on the web at www.bridgesfund.com.