

# Entity Account Application

*Please do not use this form for IRA accounts*

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 financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 at the current day's net asset value.

## 1 Investor Information | Select one

- C Corporation
- Partnership
- Limited Liability Company
- S Corporation
- Other Entity
- Exempt Organization

NAME OF CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

NAME(S) OF AUTHORIZED SIGNER(S)

TAX ID NUMBER

**Check here if you are a government entity or affiliated with a government entity.**

You must supply documentation to substantiate the existence of your organization. (e.g., Articles of Incorporation/Formation/Organization, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

## 2 Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in Section 1.** If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

*Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).*

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					

### 3 Controller Information

Please complete the table below with the requested information for one individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

### 4 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

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

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 #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

## 5 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

### Primary Method (Select only one)

- Average Cost** – averages the purchase price of acquired shares
- First In, First Out** – oldest shares are redeemed first
- Last In, First Out** – newest shares are redeemed first
- Low Cost** – least expensive shares are redeemed first
- High Cost** – most expensive shares are redeemed first
- Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

*Note: If a Secondary Method is not elected, First In, First Out will be used.*

## 6 Investment and Distribution Options

*\$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 \$

Capital Gains		Dividends	
Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If nothing is selected, capital gains and dividends will be reinvested*

**\*Cash distribution should be paid by (select one):**  Check to Address of Record  ACH to Bank of Record

*Valid Voided Check or Savings Deposit Slip Needed*

## 7 Automatic Investment Plan (AIP)

*Your signed Application must be received up to 7 business 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 8 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

*\$100 minimum*

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

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.



## 10 Dealer Information

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>DEALER NAME</i>		<i>REPRESENTATIVE'S LAST NAME</i>	<i>FIRST NAME</i>	<i>M.I.</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<i>DEALER'S ID</i>	<i>BRANCH ID</i>	<i>REPRESENTATIVE'S ID</i>		
<b>DEALER HEAD OFFICE INFORMATION:</b>		<b>REPRESENTATIVE BRANCH OFFICE INFORMATION:</b>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<i>ADDRESS</i>		<i>ADDRESS</i>	<i>CODE</i>	
<input type="text"/>		<input type="text"/>		
<i>CITY / STATE / ZIP</i>		<i>CITY / STATE / ZIP</i>		
<input type="text"/>		<input type="text"/>		
<i>TELEPHONE NUMBER</i>		<i>TELEPHONE NUMBER</i>		

### ! Before you mail, have you:

- |   |  |
|---|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information?<br>– Tax ID Number in Section 1?<br>– Permanent street address in Section 4? | <input type="checkbox"/> Included a voided check or savings deposit slip, if applicable? |
| <input type="checkbox"/> Enclosed your check made payable to the Bridges Investment Fund?   | <input type="checkbox"/> Signed your application in Section 9?                           |
|   | <input type="checkbox"/> Enclosed additional documentation, if applicable?               |

**For additional information please call toll-free 866-934-4700 or visit us on the web at [www.bridgesfund.com](http://www.bridgesfund.com).**