



Automated Investment Plan Application

[Use this form for individual, custodial, trust profit sharing or pension plan accounts. Do not use this form for AIP Mutual Funds sponsored IRA or SEP IRA accounts. Please call 1-877-569-2382 for additional information.]

Mail to: AIP Mutual Funds
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: AIP Mutual Funds
c/o US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll free 1-877-569-2382 or visit us on the web at www.aipfunds.com

Instructions and Conditions

- Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction.
- Your account must be established at a minimum initial investment level (\$10,000) before this Automated Investment Plan goes into effect. To establish a new account with Automated Investment Plan features, you must complete a Purchase Application.
- If the automatic purchase cannot be made due to insufficient funds or stop payment, a fee will be assessed.
- The Plan will be terminated upon redemption or exchange of all shares.
- An unsigned voided check (for checking accounts) or a savings account deposit slip (not a counter deposit slip) is required with your application.

1. Information

_____	_____
FUND NAME	FUND ACCOUNT NUMBER

NAME(S) ON ACCOUNT	

ADDRESS	

CITY / STATE / ZIP	
(____) _____	(____) _____
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

2. Investment Instructions

Please start my Automated Investment Plan as described in the Prospectus beginning:
 DAY _____ MONTH _____ YEAR _____. I hereby instruct U.S. Bancorp Fund Service, LLC, Transfer Agent for the AIP Mutual Funds to automatically transfer \$ _____ (minimum \$100) directly from my checking, NOW on account named below on the _____ business day of each month or the first business day thereafter into the _____ Fund.

FUND NAME

3. Bank Account Information

NAME(S) ON BANK ACCOUNT	
_____	_____
BANK NAME	BANK ACCOUNT NUMBER

BANK ADDRESS	BANK ROUTING/ABA#

SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF JOINT OWNER

4. Signature and Certification

I have read and understand the conditions of the Automated Investment Plan ("AIP") Account. I authorize you to honor all debit entries via the Automated Clearing House ("ACH") Network initialized through U.S. Bancorp Fund Services, LLC on the behalf of U.S. Bancorp Fund Services, LLC. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by AIP Mutual Funds.

X _____
SIGNATURE OF OWNER (S)

DATE (Mo / Day / Yr)

X _____
SIGNATURE OF OWNER (S)

DATE (Mo / Day / Yr)

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