



Coverdell Education Savings Account Application

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

Complete this form to establish a Coverdell Education Savings Account (CESA). Do not use this form for individual, custodial, trust, profit sharing or pension plan accounts. 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. 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. Designated Beneficiary

(Account Holder)

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE (Mo / Day / Yr) _____

2. Responsible Party

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
DAYTIME PHONE NUMBER _____ RELATIONSHIP TO DESIGNATED BENEFICIARY _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE (Mo / Day / Yr) _____
DRIVER'S LICENSE OR STATE ID NUMBER _____ STATE OF ISSUE _____

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.
- The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account agreement.
- The responsible party may not change the beneficiary.

3. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)
For the Tax year _____.
- Rollover Account – specify the type of rollover:
 - o Account Holder’s CESA to Account Holder’s CESA
 - o Qualifying Family member’s CESA to Account Holder’s CESA
- Transfer Account – a direct transfer from current CESA custodian

4. Investment Choices:

The initial \$2,000 minimum must be met in order to participate in the Plan.

By check: Make check payable to AIP Mutual Funds. \$ _____

By wire: Call 1-877-569-2382. Indicate amount of wire \$ _____

Fund Name		Investment Amount		Optional Automatic Investment Plan	
		\$10,000.00 Minimum	\$100.00 minimum	AIP Start Month	Day
<input type="checkbox"/> Alpha Hedged Strategies Fund – No Load	(1111)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Alpha Hedged Strategies Fund – Advisor Class C	(1113)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – No Load	(1112)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – Advisor Class C	(1114)	\$ _____	\$ _____	_____	_____

5. Voided Check for Bank Information

Your signed application must be received at least 15 business days prior to initial transaction.

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to this application if you choose the Automated 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).

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

**ATTACH VOIDED CHECK OR
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

- A fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions.

6. Telephone Options

Your signed application must be received at least 15 business days prior to initial transaction.

- Purchase (EFT)** (\$250.00 minimum) - permits the on-demand purchase of shares from your bank account.*
- E-mail Address** – permits the fund to send you fund updates

** If you selected any of these options, please attach a voided check to this application. We are unable to draft or credit you account via EFT if it is a mutual fund or pass-through account.*

7. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the AIP Mutual Funds 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 read the prospectus for the AIP Mutual Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to 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 documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify AIP Mutual Funds within such time period. I certify that I as the Responsible Party am of legal age and have the legal capacity to make this purchase.

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 authorize the Fund to perform a credit check based on the information provided, if necessary.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "AIP Mutual Funds") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, 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. AIP Mutual Funds will not be liable for acting upon instruction 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 collected 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 dishonored 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Day / Yr)

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



8. Dealer

Information
(if applicable)

Please be sure to complete representative's first name and middle initial.

DEALER NAME

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME FIRST NAME MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID numbers in Sections 1 and 2?
 - Birth dates in Sections 1 and 2?
 - Full names in Sections 1 and 2?
 - Permanent street addresses in Sections 1 and 2?
- Enclosed your check made payable to AIP Mutual Funds?
- Included a voided check, if applicable?
- Signed your application in Section 7?