



# New Account Application

Please do not use this form for IRA accounts.

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

Overnight Express Mail to: AIP Mutual Funds  
c/o U.S. 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](http://www.aipfunds.com).

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

Individual \_\_\_\_\_  
FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

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

Joint Owner \_\_\_\_\_  
FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE  
*Registration will be Joint Tenancy with Rights of Survivorship (JTWRWS) unless otherwise specified.*

Gift to Minor \_\_\_\_\_  
CUSTODIAN'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)  
(ONLY ONE PERMITTED)

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

\_\_\_\_\_  
MINOR'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)  
(ONLY ONE PERMITTED)

\_\_\_\_\_  
MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

Corporation/  
Trust \* \_\_\_\_\_  
NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership\* \_\_\_\_\_  
NAME(S) OF TRUSTEE(S)

Other Entity\* \_\_\_\_\_  
SOCIAL SECURITY NUMBER / TAX I.D. NUMBER DATE OF AGREEMENT (Mo / Dy / Yr)

\* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, 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. Permanent Street Address** (P.O. Box is not acceptable (Residential Address or Principal Place of Business – No Foreign Addresses))

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

**Mailing Address** (if different from Permanent):  
*If completed, this address will be used as the Address of Record for all statements, checks, and required mailings. No foreign addresses.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #1**  
*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

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.*

NAME \_\_\_\_\_  
 STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**3. Investment Choices**

- By check: Make check payable to AIP Mutual Funds. \$ \_\_\_\_\_  
*Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.*
- By wire: Call 1-877-569-2382. Indicate amount of wire: \$ \_\_\_\_\_

Fund Name		Investment Amount \$10,00.00 Minimum	Distribution Options		
			Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
<input type="checkbox"/> Alpha Hedged Strategies Fund – No Load	(1111)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alpha Hedged Strategies Fund – Advisor Class C	(1113)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beta Hedged Strategies Fund – No Load	(1112)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beta Hedged Strategies Fund – Advisor Class C	(1114)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If nothing is checked, all distributions will be reinvested.*

\* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

**4. Automatic Investment Plan**

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts. The initial \$10,000 minimum investment must be met in order to participate in the Plan. Applications must be received 15 business days prior to the initial transaction.

		Amount per Draw (\$100 Minimum)	AIP Start Month	AIP Start Day
<input type="checkbox"/> Alpha Hedged Strategies Fund – No Load Class	(1111)	\$ _____	_____	_____
<input type="checkbox"/> Alpha Hedged Strategies Fund – Advisor Class C	(1113)	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – No Load Class	(1112)	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – Advisor Class C	(1114)	\$ _____	_____	_____

**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.

**5. Telephone Options**

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

- Redemption** – permits the transfer of funds via:
  - o Check to address in Section 2
  - o Federal wire to your bank in Section 7 (There is a charge for each wire)\*
  - o EFT, at no charge, to your bank in Section 7 (funds are typically credited within two days after redemption)\*
  
- Purchase (EFT)** (\$250 minimum) - permits the on-demand purchase of shares from your bank account.\*
  
- E-mail Address** – permits the Fund to send you updates \_\_\_\_\_

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

**6. Systematic Withdrawal Plan**

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

Systematic Withdrawal Plan (\$500 minimum and \$25,000 account value minimum) – permits the automatic withdrawal of funds.

- o Payments will be mailed to address in Section 2
- OR-**
- o Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments  Monthly  Quarterly  Annually starting with the month given here:

		Amount per Withdrawal	SWP Start Month	SWP Start Day
<input type="checkbox"/> Alpha Hedged Strategies Fund – No Load Class	(1111)	\$ _____	_____	_____
<input type="checkbox"/> Alpha Hedged Strategies Fund – Advisor Class C	(1113)	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – No Load Class	(1112)	\$ _____	_____	_____
<input type="checkbox"/> Beta Hedged Strategies Fund – Advisor Class C	(1114)	\$ _____	_____	_____

**7. Voided Check for Bank Information**

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, a voided check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH  
VOIDED CHECK OR SAVINGS  
DEPOSIT SLIP  
HERE

