



IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

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

Overnight Express Mail To: Sphere Funds
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 10)

- ☐ Contribution
- ☐ Transfer from another SIMPLE IRA Account
- ☐ Rollover (shareholder had receipt of funds)

2 Investor Information

☐ **Individual**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
SOCIAL SECURITY NUMBER			

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		

☐ 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

4 Investment Amount

☐ By check: Make check payable to the Sphere 500 Fossil Free 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 844-2-SPHERE (844-277-4373).

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

☐ By transfer: Due to rollover or beneficiary payout.

Note: Completion of IRA Transfer Form or Beneficiary Payout Form is required.

Investment Amount

\$ 500 Minimum

☐ Sphere 500 Fossil Free Fund, 5687

\$

5 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 the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP monthly:

\$100 minimum

☐ Sphere 500 Fossil Free
Fund, 5687

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

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.

6 Telephone Options

You automatically have the ability to make telephone and/or internet purchases* or redemptions* per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

** You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ **I decline telephone transaction privileges.**

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

7 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. 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

Memo _____ Signed _____

⑆ 1 2 3 4 5 6 7 8 ⑆

⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

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

Primary

NAME

- ☐ Spouse
☐ Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- ☐ Spouse
☐ Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- ☐ Spouse
☐ Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

Secondary

NAME

- ☐ Spouse
☐ Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- ☐ Spouse
☐ Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- ☐ Spouse
☐ Non Spouse

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.

SIGNATURE OF SPOUSE

DATE

9 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Sphere 500 Fossil Free 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 Sphere 500 Fossil Free 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

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

DATE (MM/DD/YYYY)

Joseph Neuberg

10 SIMPLE IRA Plans Only

Employer Information:

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE

11 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

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 Sphere 500 Fossil Free Fund?
- ☐ Included a voided check or savings deposit slip, if applicable?
- ☐ Signed your application in Section 9?

For additional information please call toll-free 844-2-SPHERE (844-277-4373) or visit us on the web at reflectionam.com/sphere.



IRA Transfer Form

[If this is for a new IRA Account, an IRA Application must accompany this form.]

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

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

- !** There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section Six to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER		

2 Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

<input type="text"/>	<input type="text"/>	
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR	FUND NAME, IF APPLICABLE	
<input type="text"/>	<input type="text"/>	
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY / STATE / ZIP	

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below: *

☐ All Assets **OR** ☐ \$ or %

Please process this request:*

☐ Immediately **OR** ☐ At Maturity (month / day / year)

** If no option is selected, please transfer all assets immediately.*

Instructions for Delivery (indicate how you want your current Trustee/Custodian to deliver the assets to U.S. Bank Global Fund Services)

☐ **Wire** - Funds available immediately upon receipt, your Custodian/Trustee may charge a fee for this service

☐ **Check** - Funds may not be available for 12-15 Business days

- ☐ First Class Mail ☐ Overnight Delivery - Take the fee from my account ☐ Overnight Delivery via Third Party - Charge the fee to my FedEx or UPS account
☐ FedEx ☐ UPS Account/Billing Number _____

Processing Instructions (indicate how you want us to initiate your transfer/rollover)

☐ Standard Processing Service- No Charge, transfer form will be sent via First Class Mail

☐ Overnight Delivery- \$15.00 fee, select one of the options below; if no selection is made we will use First Class Mail

- We will overnight your transfer form to your previous Custodian/Trustee
- Physical address must be provided, cannot overnight to a PO BOX
 - ☐ Use the attached check made payable to U.S. Bank Global Fund Services
 - ☐ Charge the \$15.00 fee to my third party billing provided below
 - ☐ FedEx ☐ UPS Account/Billing Number _____

2 Instructions to Current IRA Custodian or Plan Administrator *continued*

Type of account being transferred/rolled-over:

- ☐ Pension ☐ Profit Sharing Plan ☐ 401(k) ☐ 403(b) ☐ Roth 401(k) ☐ Roth 403(b) ☐ Traditional IRA
☐ SEP IRA ☐ SIMPLE IRA ☐ Roth IRA ☐ Inherited IRA ☐ Other

Original Roth IRA funding year (if applicable):

Original SIMPLE IRA funding date (if applicable):

Send the check representing the assets payable to “The Sphere 500 Fossil Free Fund FBO [Shareholder’s Name]” along with a copy of this form to the address at the top of page one.

3 Investment Selection

A Sphere 500 Fossil Free Fund IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT	%
<input type="checkbox"/> Sphere 500 Fossil Free Fund, 5687	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	OR <input type="text"/>

4 Required Minimum Distribution (RMD) Age Information

Check one of the following:

☐ I am under the RMD age and do not turn RMD Age at anytime during this calendar year.

OR

☐ I am RMD age or older and understand that no part of my RMD is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my RMD occurs.

5 Conversion of Traditional IRA to Roth IRA - Optional

☐ I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Section Two. I understand this may be a taxable event and that I am solely responsible for all tax consequences of this conversion.

The Fund's transfer agent will only process the conversion if you check the box above.

6 Signature and Certification

I certify that I have established an IRA with the Sphere 500 Fossil Free Fund, of which U.S. Bank, N.A., is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER OR GUARDIAN IF IRA OWNER IS A MINOR

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

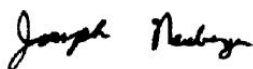
IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

7 Acceptance / Custodian Authorization

U.S. Bank, N.A., hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Sphere 500 Fossil Free Fund IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, N.A.



For additional information please call toll-free 844-2-SPHERE (844-277-4373) or visit us on the web at reflectionam.com/sphere.