

BOGLE INVESTMENT MANAGEMENT  
SMALL CAP GROWTH FUND  
1-877-BOGLE-IM (264-5346)

ACCOUNT APPLICATION

Please Note: Do not use this form to open an individual retirement plan account (such as an IRA). For an IRA application or help with this Application, please call 1-877-BOGLE-IM (264-5346).

1. ACCOUNT REGISTRATION:  
(PLEASE CHECK THE APPROPRIATE BOX(ES)BELOW.)

Individual  Joint Tenant

NAME OF PRIMARY OWNER\*\*

SOCIAL SECURITY NUMBER OF PRIMARY OWNER\*\* DATE OF BIRTH

I AM A  US CITIZEN  RESIDENT ALIEN  NON-RESIDENT ALIEN\*\*

COUNTRY OF TAX RESIDENCY OF PRIMARY OWNER

GOVERNMENT ISSUED ID (FOR NON-US CITIZENS) INCLUDE NUMBER, ID TYPE (EG PASSPORT) AND COUNTRY OF ISSUANCE

NAME OF JOINT OWNER (IF APPLICABLE)

SOCIAL SECURITY NUMBER OF JOINT OWNER\*\* DATE OF BIRTH

I AM A  US CITIZEN  RESIDENT ALIEN  NON-RESIDENT ALIEN\*\*

COUNTRY OF TAX RESIDENCY OF JOINT OWNER\*\*

GOVERNMENT ISSUED ID (FOR NON-US CITIZENS) INCLUDE NUMBER, ID TYPE (EG PASSPORT) AND COUNTRY OF ISSUANCE

For joint accounts, the account registrants will be joint tenants with right of survivorship and not tenants in common unless tenants in common or community property registrations are requested.

GIFT TO MINOR (IF APPLICABLE):

UNIFORM GIFTS/TRANSFERS TO MINOR'S ACT UNDER THE \_\_\_\_\_ UGMA/UTMA (Circle One)  
STATE

NAME OF ADULT CUSTODIAN (ONLY ONE PERMITTED)

ADULT'S SOCIAL SECURITY NUMBER\*\* ADULT'S DATE OF BIRTH\*\*

NAME OF MINOR (ONLY ONE PERMITTED)

MINOR'S SOCIAL SECURITY NUMBER\*\* MINOR'S DATE OF BIRTH

CORPORATION, PARTNERSHIP,  
TRUST OR OTHER ENTITY  
(IF APPLICABLE):

NAME OF CORPORATION, PARTNERSHIP, TRUST OR OTHER  
(NAME OF LEGAL ENTITY)

CORPORATION, PARTNERSHIP, TRUST OR OTHER'S TAXPAYER ID  
NUMBER\*\*

NAME(S) OF FIDUCIARY OR TRUSTEE DATE OF BIRTH\*\*

FIDUCIARY OR TRUSTEE SOCIAL SECURITY NUMBER\*\*

DATE OF TRUST

2. ADDRESS INFORMATION:

**Residency Address\*\*:** (you must provide a street address)

STREET APARTMENT NUMBER

CITY STATE ZIP CODE

**Joint owner or Minor's residency address**

STREET APARTMENT NUMBER

CITY STATE ZIP CODE

**Mailing Address:** (you may provide a PO Box)

Check here if your mailing address is the same as your residency address.

STREET OR P.O. BOX APARTMENT NUMBER

CITY STATE ZIP CODE

( ) ( )

DAY PHONE NUMBER EVENING PHONE NUMBER

E-MAIL ADDRESS (OPTIONAL BUT RECOMMENDED)

\*\*IDENTITY VERIFICATION PROCEDURES NOTICE. The USA PATRIOT ACT requires financial institutions, including mutual funds, to adopt certain policies and programs to prevent money laundering activities, including procedures to verify the identity of all investors opening new accounts. When completing the New Account Application, you will be required to supply the Fund with certain information for all persons owning or permitted to act on an account, that will assist the Fund in verifying your identity. This includes date of birth, taxpayer identification number and street address. Until such verification is made, the Fund may temporarily limit additional share purchases. In addition, the Fund may limit additional share purchases or close an account if it is unable to verify a customer's identity. As required by law, the Fund may employ various procedures, such as comparing the information to fraud databases or requesting additional information or documentation from you, to ensure that the information supplied by you is correct.

NOT PART OF THE PROSPECTUS

### 3. INVESTMENT AMOUNT:

#### SMALL CAP GROWTH FUND #300

INVESTOR SHARES  
\$10,000.00 MINIMUM  
INITIAL INVESTMENT  
\$ \_\_\_\_\_

#### SMALL CAP GROWTH FUND #301

INSTITUTIONAL SHARES  
\$1,000,000.00 MINIMUM  
INITIAL INVESTMENT  
\$ \_\_\_\_\_

Make the check payable to Bogle Investment Management Small Cap Growth Fund.

Shareholders may not purchase shares of the Bogle Investment Management SMALL CAP GROWTH FUND with a check issued by a third party and endorsed over to the Fund. Checks for investment must be made payable to Bogle Investment Management Small Cap Growth Fund.

### 4. DISTRIBUTION OPTIONS:

NOTE: Dividends and capital gains may be reinvested or paid by check. If no options are selected below, both dividends and capital gains will be reinvested in additional Fund shares.

DIVIDENDS  Pay by check  Reinvest  
CAPITAL GAINS  Pay by check  Reinvest

Please check one of the following options:

- Please mail checks to Address of Record (Named in Section 2)  
 Please electronically credit my Bank of Record (Named in Section 8)

### 5. TELEPHONE REDEMPTION:

To use this option, you must initial the appropriate line below.

I authorize the Transfer Agent to accept instructions from any person to redeem shares in my account(s) by telephone in accordance with the procedures and conditions set forth in the Fund's current prospectus.

Redeem shares, and send the proceeds to the address of record (not applicable to IRA accounts).

           initial                                 joint initial

### 6. AUTOMATIC INVESTMENT PLAN

(IF APPLICABLE)

PLEASE ATTACH AN UNSIGNED, VOIDED CHECK.

The Automatic Investment Plan makes possible regularly scheduled purchases of Fund shares. The plan may only be used once the minimum initial investment has been made. The Fund's Transfer Agent can arrange for an amount of money selected by you to be deducted from your checking account and used to purchase shares of the Bogle Investment Management Small Cap Growth Fund.

Please debit \$ \_\_\_\_\_ from my checking account (named below) on or about the 20th of every period.

\$ \_\_\_\_\_ into Investor Shares, Startup Month \_\_\_\_\_.

- Monthly (minimum \$100.00)  
 Quarterly (minimum \$300.00)

\$ \_\_\_\_\_ into Institutional Shares, Startup Month \_\_\_\_\_.

- Monthly (minimum \$1,000.00)  
 Quarterly (minimum \$3,000.00)

### 7. SYSTEMATIC WITHDRAWAL PLAN

(IF APPLICABLE):

PLEASE ATTACH AN UNSIGNED, VOIDED CHECK.

To select this option please fill out the information below:

Amount \_\_\_\_\_

Startup Month \_\_\_\_\_

Frequency Options:  Annually  Monthly  
 Quarterly

- A minimum account value of \$10,000 in a single account is required to establish a Systematic Withdrawal Plan.
- Payments will be made on or near the 25th of the month.

### 8. BANK OF RECORD:

COMPLETE ONLY IF USING AUTOMATIC INVESTMENT PLAN (SECTION 6) OR SYSTEMATIC WITHDRAWAL PLAN (SECTION 7) OR RECEIVING DIVIDEND OR CAPITAL GAIN ELECTRONICALLY (SECTION 4).

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
STREET ADDRESS OR P.O. BOX

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
BANK ABA NUMBER                      BANK ACCOUNT NUMBER

9. SIGNATURES:

The undersigned warrants that I (we) have full authority and, if a natural person, I (we) am (are) of legal age to purchase shares pursuant to this Account Information Form, and I (we) have received a current prospectus for the Bogle Investment Management Small Cap Growth Fund in which I (we) am (are) investing.

UNDER THE INTEREST AND DIVIDEND TAX COMPLIANCE ACT OF 1983, THE FUND IS REQUIRED TO HAVE THE FOLLOWING CERTIFICATION:

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

- (1) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (OR I AM WAITING FOR A NUMBER TO BE ISSUED TO ME), AND
- (2) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (A) I AM EXEMPT FROM BACKUP WITHHOLDING, OR (B) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT I AM SUBJECT TO A 31% BACKUP WITHHOLDING AS A RESULT OF A FAILURE TO REPORT ALL INTEREST OR DIVIDENDS, OR (C) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING, AND
- (3) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

NOTE: YOU MUST CROSS OUT ITEM (2) ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE YOU HAVE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON YOUR TAX RETURN. THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

\_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

\_\_\_\_\_  
PRINT NAME                                      TITLE (IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER                      DATE

\_\_\_\_\_  
PRINT NAME                                      TITLE (IF APPLICABLE)

(If you are signing for a corporation, you must indicate corporate office or title. If you wish additional signatories on the account, please include a corporate resolution. If signing as a fiduciary, you must indicate capacity.)

For information on additional options, such as IRA Applications, rollover requests for qualified retirement plans, or for wire instructions, or for any other questions, please call us at 1-877-BOGLE-IM (264-5346).

MAIL COMPLETED ACCOUNT APPLICATION AND CHECK TO:  
BOGLE INVESTMENT MANAGEMENT SMALL CAP GROWTH FUND

C/O BNY MELLON ASSET SERVICING  
P.O. BOX 9809  
PROVIDENCE, RI 02940

OVERNIGHT ADDRESS:  
BOGLE INVESTMENT MANAGEMENT  
C/O BNY MELLON ASSET SERVICING  
101 SABIN STREET  
PAWTUCKET, RI 02860

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