



Use this HSA Application to open a Health Savings Account.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-877-764-3863.

PART I: HSA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

PART II: EMPLOYER'S INFORMATION (FOR HELP CONSULT YOUR INSURANCE OR EMPLOYER REPRESENTATIVE)

Employer's Name* (First, M.I., Last)		Name of Contact*	Employer Identification Number*	
Mailing Address*	Suite #	City*	State*	Zip Code*
Daytime Phone*				

PART III: CONTRIBUTION INFORMATION

Source of Funds (Select One)

<input type="checkbox"/> Regular	Current Year Amount: _____	Carryback* Amount: _____	Tax Year: _____
<input type="checkbox"/> Catch-up (age 55+)	Current Year Amount: _____	Carryback* Amount: _____	Tax Year: _____
<input type="checkbox"/> Transfer	Source: <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Rollover	Source: <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Other (Specify) _____			

Note: A carryback contribution is made in one tax year and credited for the prior tax year. It must be made by your tax filing due date, excluding extensions. Contributions made to your HSA will be for the current year unless you specify prior year.

PART IV: INVESTMENT SELECTION

Investment Choice	Amount or Percentage
SMI 50/40/10 Fund (SMILX)	\$ _____ or _____ %
SMI Dynamic Allocation Fund (SMIDX)	\$ _____ or _____ %
Sound Mind Investing Fund (SMIFX)	\$ _____ or _____ %
Money Market Fund (GOAXX)	\$ _____ or _____ %
	TOTAL: \$ _____ or _____ %

PART V: ACCOUNT SERVICE OPTIONS FOR YOUR HSA

The completion of this section is *OPTIONAL*.

Automatic Investment Plan (AIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100/month minimum. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your HSA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Sound Mind Investing Funds to initiate investments into my mutual fund accounts according to the following frequency:

Twice Each Month Monthly

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Please tape your check or deposit slip here

Please tape a voided check or a preprinted savings deposit slip over this space OR specify your account details below:

IF YOU DO NOT PROVIDE THIS NOW, THE PROCESS OF ADDING YOUR BANKING INFORMATION LATER WILL BE TEDIOUS DUE TO ACCOUNT SECURITY

Name of Bank

Name on Account

Account Number

Routing Number (9 digits)

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Checking Savings

PART VI: HSA ELIGIBILITY CERTIFICATION

I am eligible to establish an HSA and certify the following. (All must be answered "yes" to be eligible to establish an HSA to receive regular contributions).

- 1. I am not able to be claimed as a dependent on someone else's tax return. Yes No
- 2. I am covered under a qualifying High Deductible Health Plan (HDHP), effective _____ Yes No
- 3. I am not covered under any other insurance plan that is not an HDHP (with limited exceptions). Yes No
- 4. I am not enrolled in Medicare. Yes No

***NOTE:** Eligibility is determined on the first day of each month. If you are not an eligible individual for all 12 months of a year, the annual contribution limit may be prorated. For assistance in determining your eligible contribution amount, consult your tax advisor.

PART VII: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your HSA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your HSA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new designation in a form acceptable to the Trustee/Custodian and by providing it to the Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse
 Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
 Residence Address: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse
 Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
 Residence Address: _____

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 Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
 Residence Address: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse
 Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
 Residence Address: _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the HSA Custodian.

PART VIII: ELECTRONIC COMMUNICATION

The completion of this section is *OPTIONAL*.

You can enjoy the convenience of receiving annual reports, transaction confirmations, and account statements online rather than having them mailed to you. You'll get your information faster while receiving fewer bulky mailings to fill your mailbox. Plus you'll help the environment and reduce the funds' expenses. To opt-in, simply check the box below and provide your email address.

When documents are available, you will receive an email message informing you of their availability online. For investment confirmations and account statements, the email will provide a link to our secure site where you will be prompted to sign in. You may then view your confirmation or account statement by clicking on 'Statements' at the top of the page. To review new prospectuses, annual and semi-annual reports, you will be sent an email with an attached document in PDF format for download.

The Sound Mind Investing Funds may change this notification without prior notice at any time. You may at any time request a paper copy of the Funds' prospectus, annual and semi-annual reports, or statements by calling us Monday through Friday, 9:00AM to 5:00PM Eastern Time, at 877-764-3863, or writing us at SMI Funds, PO Box 46707, Cincinnati, OH 45246

Authorization to discontinue mailing of paper statements - By checking this box, I authorize the Sound Mind Investing Funds to send my shareholder communications electronically to the email address I am providing, rather than mailing me paper copies of these communications. I understand that I may discontinue electronic services and start receiving paper statements at my discretion.

Email Address: _____

PART IX: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART X: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

By Check Enclose a check payable to Sound Mind Investing Funds for the total amount.

By Wire For wire instructions call Shareholder Services at 1-877-764-3863.

Other _____

(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART XI: SPOUSAL CONSENT

Complete this section only if you, the HSA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the HSA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse

X _____ Date: _____

Witness

X _____ Date: _____

PART XII: AUTHORIZED SIGNER

To permit someone else (such as your spouse) to authorize payments from your HSA, complete the information below and have the authorized person sign the "Acknowledgement" section at bottom.

Name* (First, M.I., Last) Date of Birth* Social Security Number*
Street Address (Physical Address)* Apartment # City* State* Zip Code*

PART XIII: ACKNOWLEDGEMENT

By signing this HSA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. I have read and received copies of this HSA Application, IRS Form 5305-C, and Disclosure Statement (including the applicable fee schedule). I agree to be bound to their terms and conditions. I understand that the Custodian has no duty or responsibility to determine whether my HDHP complies with the requirements of Section 223 of the Internal Revenue Code nor to determine or validate whether distributions I take from my HSA are used to pay for qualifying medical expenses. I assume all responsibilities for the HSA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of HSA Owner

X _____ Date: _____

Signature of HSA Trustee/Custodian Representative

X _____ Date: _____

Signature of Authorized Signer:

X _____ Date: _____

PART XIV: FOR DEALER USE ONLY

Financial Institution Name

Address

City

Dealer Number Branch Number

X _____
Representative's Signature

Representative's Full Name

Representative's Branch Office Telephone Number

State Zip Code

Representative Number

X _____
Supervisor's Signature

PART XV: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
SMI Funds
PO Box 46707
Cincinnati, OH 45246

Overnight Delivery
SMI Funds
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

FACTS	WHAT DOES VALUED ADVISERS TRUST DO WITH YOUR PERSONAL INFORMATION?
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Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number ▪ account balances and account transactions ▪ account transactions, transaction or loss history and purchase history ▪ checking account information and wire transfer instructions <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Valued Advisers Trust chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Valued Advisers Trust share?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes
For our marketing purposes – to offer our products and services to you	Yes
For joint marketing with other financial companies	No
For our affiliates' everyday business purposes – information about your transactions and experiences	No
For our affiliates' everyday business purposes – information about your creditworthiness	No
For nonaffiliates to market to you	No

Questions?	Call 1-877-764-3863
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Who we are	
Who is providing this notice?	Valued Advisers Trust
What we do	
How does Valued Advisers Trust protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Valued Advisers Trust collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> ▪ open an account or deposit money ▪ buy securities from us or sell securities to us ▪ make deposits or withdrawals from your account or provide account information ▪ give us your account information ▪ make a wire transfer ▪ tell us who receives the money ▪ tell us where to send the money ▪ show your government-issued ID ▪ show your driver's license
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> ▪ Valued Advisers Trust does not share your personal information with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> ▪ Valued Advisers Trust doesn't jointly market financial products or services to you.