

ROTH IRA APPLICATION



SMI FUNDS
— SMI ADVISORY SERVICES —

It's easy to establish your account. Simply fill out this application, completing all relevant sections, sign in ink and return to:

Fax

SMI Funds
(877) 513-0756

Regular Mail

SMI Funds
PO Box 46707
Cincinnati, OH 45246

Overnight Express Mail

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

*Although faxing expedites the account setup, you still need to mail your application so we have an original signature on file. Please write "original application" at top of your mailed application if you previously faxed it.

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. When you open an account, we will ask for your name, address, 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 completing a transaction behalf of a legal entity that will own the account. We will return your application if any of this information is missing. 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, please call 877-764-3863.

OVERVIEW OF THE APPLICATION PROCESS:

Step 1 CONTRIBUTION TYPE

Choose contribution type for your Roth IRA account.

Step 2 PERSONAL INFORMATION

Fill in the necessary information corresponding to the IRA owner.

Step 3 FUNDING YOUR ACCOUNT

Section I: You may fund your account by check, wire, ACH or direct transfer.

Section II: Use this section to establish an automatic investment plan.

Section III: Use this section to establish an automatic rebalancing plan.

Step 4 ACCOUNT FEATURES

Section I: Telephone transaction privileges.

Section II: Provide your voided check.

Section III: Choose whether to receive statements electronically.

Section IV: Choose whether you want duplicate statements.

Step 5 BENEFICIARY INFORMATION

Please provide the necessary information concerning your beneficiaries.

Step 6 SIGNATURES

Please be sure to sign your application in the appropriate place(s), otherwise we cannot process your application.

QUESTIONS?

For more information

1-877-SMI-FUND

ROTH IRA APPLICATION

STEP 1 Choose Your Contribution Type and Source of Funds

*You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

**Employer plan distributions may be rolled over, directly or indirectly, to your Roth IRA. To complete a direct rollover, the distribution must go directly to your Roth IRA without you having constructive receipt. To complete an indirect rollover, you must generally request that the distribution be made directly to you. You then typically have to complete the rollover into your Roth IRA within the allotted 60 day period.

- Regular or Spousal contribution tax year _____
- Direct Transfer (Roth IRA to Roth IRA) - attach **IRA Transfer Form**
- Rollover - attach **IRA Rollover Form**
SOURCE OF FUNDS:
 - Roth IRA
 - Employer's Plan** (i.e. 401(a), 401(k), 403(b), governmental 457(b))
- Recharacterization tax year _____ for amount \$ _____
- Conversion - Current Account Number: _____ Amount \$ _____
CURRENT ACCOUNT TYPE:
 - Traditional IRA SEP IRA SIMPLE IRA*
- Other _____

STEP 2 Personal Information

Please print in ink.

IRA Owner:

First Name, MI _____	Social Security Number - -
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Last Name _____	Date of Birth / /
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Email

You must indicate a residential street address. P.O. boxes are allowed only for account mailing addresses (below).

► **Residential Street Address**

City	State	Zip Code

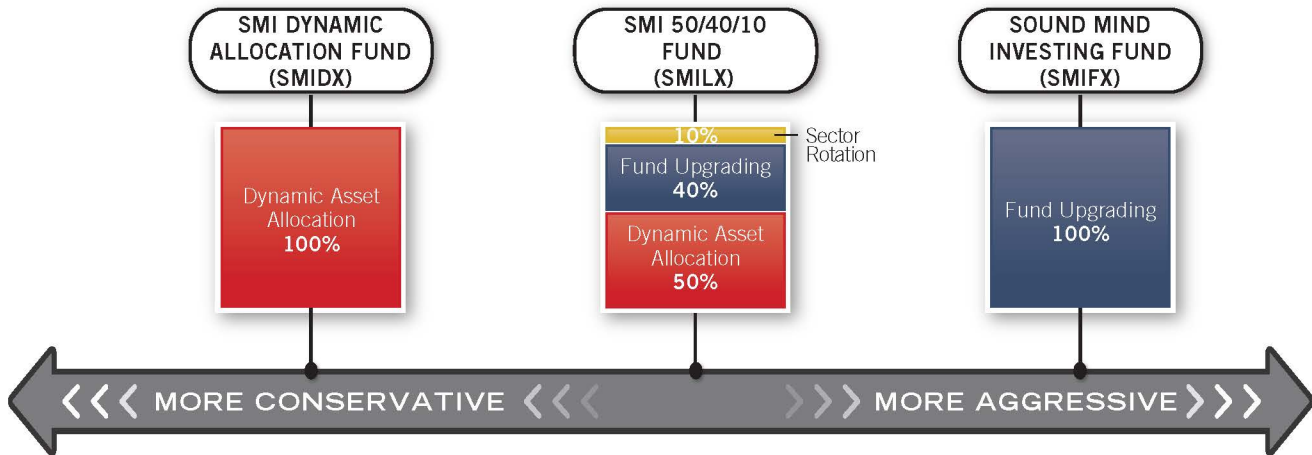
Daytime Phone () -	Evening Phone () -
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Mailing Address Same as Residential

City	State	Zip Code

QUESTIONS? | For more information

STEP 3 Funding Your Account



I Initial Investment

- By Check** - Make check payable to SMI Funds: \$ _____
- By Wire** - Fee may apply. Call 877-764-3863. Amount of wire: \$ _____
- By ACH (EFT)** - Ensure Step 4, Section II is filled out. Amount: \$ _____
- By Transfer/Rollover** - Attach transfer/rollover form.

SMI 50/40/10 Fund (SMILX)	%
SMI Dynamic Allocation Fund (SMIDX)	%
Sound Mind Investing Fund (SMIFX)	%
Money Market Fund (GOAXX)	%

II Automatic Investment Plan (AIP)

Please attach a voided check or preprinted savings deposit slip to STEP 4 of this application.

If you choose this option, funds will be automatically transferred from your bank account. Contributions made to your IRA using AIP will be for the current tax year.

\$ _____ None Weekly Twice a Month Monthly Quarterly Other _____

/ / ◀ **Start Date**

▲
Please choose a day on or after the 4th of the month (for processing and reporting purposes).

SMI 50/40/10 Fund (SMILX)	%
SMI Dynamic Allocation Fund (SMIDX)	%
Sound Mind Investing Fund (SMIFX)	%
Money Market Fund (GOAXX)	%

III Automatic Rebalancing Feature

Your account will be rebalanced based on the following frequency and allocation:

None Quarterly Semi-Annually Annually

/ / ◀ **Start Date**

SMI 50/40/10 Fund (SMILX)	%
SMI Dynamic Allocation Fund (SMIDX)	%
Sound Mind Investing Fund (SMIFX)	%
Money Market Fund (GOAXX)	%

QUESTIONS? | For more information

1-877-SMI-FUND

I Account Options

Purchase, redemption and exchange

You automatically have the ability to make telephone and web purchases per the prospectus, unless you specifically decline below. Please check the box below if you wish to decline this option. If the option is not declined, you are acknowledging acceptance of these options. Please complete Section II below.

I decline telephone and web transaction privileges.

II Link Bank Account

Please tape your voided check here

Please tape a voided check 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**

III E-Delivery Options (Encouraged)

I would like to receive statements electronically.

By selecting the above option, you agree to waive the physical delivery of account statements. If you have opted to receive your statements electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.smifund.com.

IV Duplicate Statement (Optional)

If you would like a duplicate account statement sent to a third party, specify below:

Name

Email

Address

City

State

Zip Code

STEP 5 **Beneficiary Information** *(If you need more space, please enclose a separate sheet of paper)*

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, the IRA 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, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The interest of any beneficiary that predeceases the IRA owner terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. You may revoke or change the beneficiary designation at any time by completing new IRA Change of Beneficiary Form and providing it to the Custodian. To name a trust as your beneficiary, please attach either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

<input type="text"/> % <input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;">Relationship</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2">Social Security Number</td> <td>Date of Birth</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: center;">- -</td> <td style="border: 1px solid black; text-align: center;">/ /</td> </tr> </table>	Name	Relationship			Address				City	State	Zip Code				Social Security Number		Date of Birth	- -		/ /
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I have signed and dated an extra sheet (attached) with additional beneficiaries that includes all information requested above.

STEP 6 **Signatures**

By signing this IRA Application, I certify that the information I have provided is true, correct, and complete, the Custodian may rely on what I have provided. In addition, I have read and received copies of this Roth IRA Application, the IRS Form 5305-RA, the Disclosure Statement, and the Financial Disclosure, including the applicable fee schedule, for the type of IRA I am opening as indicated above. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA 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 understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

X	
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Signature of Owner*

/	/	
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Today's Date (MM/DD/YYYY)

Spousal Consent: Complete this section only if you, the Roth IRA Owner, have your legal residence in or whose IRA is located 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 you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

By signing below, I acknowledge that I am the spouse of the Roth IRA 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.

X	
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Signature of Spouse

/	/	
---	---	--

Today's Date (MM/DD/YYYY)

X	
---	--

Signature of Witness

/	/	
---	---	--

Today's Date (MM/DD/YYYY)

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.