



SMI FUNDS
— SMI ADVISORY SERVICES —

SEP IRA APPLICATION

Use this SEP IRA Application to open a SEP IRA.

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-A: SEP IRA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)
(DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)

Owner's 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
Date of Death (if applicable)	Daytime Phone*	Evening Phone	

☐ Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *SEP IRA Application*.

PART I-B: INHERITED IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRAS ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

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: CONTRIBUTION INFORMATION

Source of Funds (Select One):

<input type="checkbox"/> Regular/Spousal Contribution	Amount: _____	Tax Year: _____
<input type="checkbox"/> Recharacterization	Amount: _____	Tax Year: _____
<input type="checkbox"/> Employer SEP Contribution	Amount: _____	Tax Year: _____
<input type="checkbox"/> Direct Transfer	Source: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA*	
<input type="checkbox"/> Rollover	Source: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA* <input type="checkbox"/> Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))	
<input type="checkbox"/> Other	Explain: _____	

*You may not transfer or rollover SIMPLE IRA assets to a SEP IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. **Important: Contributions made to your IRA will be for the current tax year unless you specify prior year.**

Note: The Funds' initial investment minimum is \$2,500 per each Fund. If account is opened with an Automatic Investment Plan of \$100/month, then the account can be opened with no initial minimum investment.

PART III: INVESTMENT SELECTION

Investment Choice	Amount or Percentage
SMI Multi-Strategy Fund (SMILX)	\$ _____ or _____ %
SMI Dynamic Allocation Fund (SMIDX)	\$ _____ or _____ %
Sound Mind Investing Fund (SMIFX)	\$ _____ or _____ %
Money Market Fund (GOAXX)	\$ _____ or _____ %
TOTAL: \$ _____ or _____ %	

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)

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 fund 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 IRA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

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

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

Bank Account Information

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

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Name on Account

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Account Number

Routing Number (9 digits)[illegible]☐ **Checking** ☐ **Savings**

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Type: ☐ Primary ☐ Contingent Share Percentage: _____ % Relationship to IRA Owner: ☐ spouse ☐ non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Type: ☐ Primary ☐ Contingent **Share Percentage:** % **Relationship to IRA Owner:** ☐ spouse ☐ non-spouse

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

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PART VI: 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 1-877-764-3863, or writing us at Sound Mind Investing Funds, PO Box 6110, Indianapolis IN 46206.

☐ **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 VII: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: _____

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

PART VIII: PAYMENT METHOD

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

- ☐ **By Check** Enclose a check payable to the 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 IX: SPOUSAL CONSENT

Complete this section only if you, the SEP IRA 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 you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

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

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART X: ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the SEP IRA Owner or Inherited IRA Owner.)

By signing this *SEP IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *SEP IRA Application*, *IRS Form 5305-A*, *Disclosure Statement* and *Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the SEP 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 SEP IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SEP IRA Owner (or Inherited IRA Owner):

X_____ Date:_____

PART XI: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State Zip Code

Dealer Number Branch Number

Representative Number

X_____
Representative's Signature

X_____
Supervisor's Signature

PART XII: 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?	<p>We collect your personal information, for example, when you</p> <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?	<p>Federal law gives you the right to limit only</p> <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 <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <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	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ Valued Advisers Trust doesn't jointly market financial products or services to you.