



# Kirr, Marbach Partners Funds

## Purchase Application

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

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

Use this form for individual, custodial, trust, profit sharing or pension plan accounts. Do not use this form for Kirr, Marbach Partners Funds sponsored IRA or SEP IRA accounts. For any additional information, please call Kirr, Marbach Partners Funds at **1-800-870-8039**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **Full Name, Date of Birth, Social Security number, and Permanent Street Address. Corporate, Trust, and Other Entity** accounts require additional documentation. 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 Funds reserve the right to redeem your account at the current day's net asset value.

### A. Investment Choices

	Initial Investment Amount	Capital Gains & Dividends Reinvested	<b>Distribution Options</b>		
	\$ _____ (\$1,000 minimum)	<input type="checkbox"/>	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash *	Dividend Reinvestment & Capital Gains in Cash*
<input type="checkbox"/> Kirr, Marbach Partners Value Fund		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kirr, Marbach FA Retail Treasury Obligations Fund		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Unless otherwise indicated, cash distributions will be mailed to the address in Section C.

### B. Registration

Individual

FIRST NAME _____	M.I. _____	LAST NAME _____	SOCIAL SECURITY # _____	BIRTHDATE (Mo/Dy/Yr) _____
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Joint Owner

FIRST NAME _____	M.I. _____	LAST NAME _____	SOCIAL SECURITY # _____	BIRTHDATE (Mo/Dy/Yr) _____
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\*Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minors

CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED) _____	M.I. _____	LAST NAME _____	BIRTHDATE (Mo/Dy/Yr) _____
MINOR'S FIRST NAME (ONLY ONE PERMITTED) _____	M.I. _____	LAST NAME _____	BIRTHDATE (Mo/Dy/Yr) _____
MINOR'S SOCIAL SECURITY # _____	STATE OF RESIDENCE _____	CUSTODIAN'S SOCIAL SECURITY # _____	

Corporation/  
Trust\*\*

NAME OF TRUSTEE(S) \*(IF TO BE INCLUDED IN REGISTRATION) \_\_\_\_\_

Partnership\*

NAME OF TRUST/CORPORATION\*\*/PARTNERSHIP\* \_\_\_\_\_

Other Entity\*

SOCIAL SECURITY # / TAX ID # \_\_\_\_\_

\*Additional documentation and certification may be requested. \*\*Corporate Resolution is required.

### C. Permanent Address (Foreign Address & PO Boxes are Not allowed)

STREET _____	APT/SUITE _____
CITY _____	STATE _____ ZIP _____

\*\*\* DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

#### Duplicate Statement #1 (Complete only if you wish someone other than the account owner(s) to receive duplicate statements.)

FIRST NAME _____	M.I. _____	LAST NAME _____
STREET _____	PO BOX OR APT / SUITE _____	
CITY _____	STATE _____	ZIP _____

### Mailing Address (if Different from Permanent Address) (If used, this address will be used as the Address of Record for all Statements, checks, and required mailings. Foreign addresses are not allowed.)

STREET _____	PO BOX or APT/SUITE _____
CITY _____	STATE _____ ZIP _____

\*\*\* E-MAIL ADDRESS \_\_\_\_\_

#### Duplicate Statement #2 (Complete only if you wish someone other than the account owner(s) to receive duplicate statements.)

FIRST NAME _____	M.I. _____	LAST NAME _____
STREET _____	PO BOX OR APT/SUITE _____	
CITY _____	STATE _____	ZIP _____

### D. Telephone Options

Your signed Application must be received at least 15 calendar days prior to initial transaction.

To ensure proper debiting/crediting of your bank account, an unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application

Telephone Redemption.

- Check to address shown on your account
- Via federal wire to your bank account below (\$15.00 charge for each wire transfer)
- Via EFT, at no charge, to your bank account below (funds are typically credited within two days after redemption)

Telephone Purchase (EFT). Permits the purchase of shares using your bank account to clear the transaction. (Minimum \$100.00) Complete bank account information below.

NAMES ON BANK ACCOUNT _____	
BANK NAME _____	ACCOUNT NUMBER _____
BANK ADDRESS _____	BANK ROUTING / ABA # _____

**E. Automatic Investment Plan**

Please start my Automatic Investment Plan as described in the Prospectus beginning: Month \_\_\_\_\_ Year \_\_\_\_\_. I hereby instruct U.S. Bank Global Fund Services, Transfer Agent for the Kirr, Marbach Partners Funds to automatically transfer \$ \_\_\_\_\_ (minimum \$100.00) directly from my checking, NOW or savings account named below on the \_\_\_\_\_ of each month or the first business day thereafter. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

Your signed Application must be received at least 15 calendar days prior to initial transaction.

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

Check if savings account

NAME(S) ON BANK ACCOUNT \_\_\_\_\_  
BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_ BANK ROUTING / ABA # \_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER \_\_\_\_\_ SIGNATURE OF JOINT OWNER \_\_\_\_\_

**F. Systematic Withdrawals**

I would like to withdraw from the Kirr, Marbach Partners Funds \$ \_\_\_\_\_ (minimum \$250.00 and Account Balance is greater than \$50,000) as follows:

- I would like to have payments made to me on or about the \_\_\_\_\_ day of each month or,
- I would like to have payments made to me on or about the \_\_\_\_\_ day of the months that I have circled below:

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

NAME(S) ON THE BANK ACCOUNT \_\_\_\_\_  
BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_ BANK ROUTING / ABA # \_\_\_\_\_

Check if savings account

To ensure proper crediting of your bank account, please attach a voided check or a deposit slip.

**G. Cost Basis Method**

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. **If you do not elect a Cost Basis Method, your account will default to Average Cost.**

Primary Method (Select only one)

- Average Cost – averages the purchase price of acquired shares
- First In, First Out – oldest shares are redeemed first
- Last In, First Out – newest shares are redeemed first
- Low Cost – least expensive shares are redeemed first
- High Cost – most expensive shares are redeemed first
- Loss/Gain Utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method– applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be use

**H. Signature and Certification Required by the Internal Revenue Service**

I have received and understand the prospectus for the Kirr, Marbach Partners Value Fund (“Value Fund”) and/or the Kirr, Marbach FA Treasury Obligations Fund (“Treasury Obligations Fund”), together referred to as the “Funds”. I understand the Funds’ investment objectives and policies and agree to be bound by the terms of the applicable prospectus. Before I request an exchange between the Funds, I will obtain the current prospectus of the Value Fund or the Treasury Obligations Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds 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 Funds and their transfer agents shall not be liable if I fail to notify the Funds within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Funds, their transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Kirr, Marbach Partners Funds") 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. Kirr, Marbach Partners Funds will not be liable for acting upon instruction 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 collected 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 dishonored 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 Funds transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

**Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or 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).**

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

DATE (Mo/Day/Yr) \_\_\_\_\_ SIGNATURE OF OWNER\* \_\_\_\_\_

DATE (Mo/Day/Yr) \_\_\_\_\_ SIGNATURE OF OWNER, if any \_\_\_\_\_

\*If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on space provided below.