



Kirr, Marbach Partners Funds IRA 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

Please use this form for registration of any IRA account. To obtain additional forms or for help in completing this application, please call: **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**. 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 as an age appropriate distribution at the current day's net asset value.

A. Registration

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
SOCIAL SECURITY #		BIRTHDATE (MM/DD/YYYY) (MUST BE OF LEGAL AGE)

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

_____	_____
STREET	APT/SUITE
_____	_____
CITY	STATE ZIP
_____	_____
DAYTIME PHONE #	EVENING PHONE #

E-MAIL ADDRESS	

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

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	

C. Type of IRA / Contribution

Select only **one** of the following account types.

For Tax Year: _____

- Traditional Individual Retirement Account (\$1,000.00 minimum)
 - IRA to IRA Transfer (please complete IRA Transfer Form)
 - Rollover IRA (shareholder had receipt of funds)
 - Inherited IRA - Name of Decedent _____ Date of Death: _____ Date of Birth: _____
- IRA Rollover Account
 - Rollover IRA to Rollover IRA
 - Direct Rollover of Assets from your employer sponsored plan (you **did not** have receipt of assets). Indicate previous account type.
(Direct rollovers not allowed into a Roth IRA).
_____ Corporate _____ Pension Plan _____ Profit Sharing Plan _____ 401(k) _____ 403(b) _____ Other (please specify) _____
- Roth IRA
 - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
 - Traditional IRA Conversion to Roth IRA (only available with single or joint Adjusted Gross Income of \$100,000 or less)
Year of Conversion _____ (Year in which traditional IRA was converted to a Roth IRA)
 - Rollover from Roth IRA (You had **physical receipt** of assets for less than **60 days**) from previous IRA.
 - Inherited Roth IRA - Name of Decedent _____ Date of Death: _____ Date of Birth: _____
- SEP IRA (Each employee must complete an IRA Application)
 - Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- SIMPLE IRA (Must be accompanied by IRS forms 5305 SA and 5304 SIMPLE)
 - Contribution
 - Transfer from another Simple IRA Account
 - Rollover (shareholder had receipt of funds)

D. Investment Choices

Total Investment \$ _____
 Fill in the amount or percentage of the total to be invested in each Fund (Minimum investment is \$1,000.00 per fund.)

	Amount	Percentage
<input type="checkbox"/> Kirr, Marbach Partners Value Fund	\$ _____	_____ %
<input type="checkbox"/> Kirr, Marbach FA Retail Treasury Obligations Fund	\$ _____	_____ %

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 Service, Transfer Agent for the Kirr, Marbach Partners Funds to automatically transfer \$ _____ (minimum \$100) 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 \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason. Automatic investment plan contributions to your IRA will be reported as current year contributions.

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

NAMES ON BANK ACCOUNT _____

BANK NAME _____ ACCOUNT NUMBER _____

BANK ADDRESS _____ BANK ROUTING / ABA # _____

SIGNATURE OF BANK ACCOUNT OWNER _____ SIGNATURE OF JOINT OWNER _____

F. Beneficiary Primary

Secondary

NAME _____	RELATIONSHIP _____	NAME _____	RELATIONSHIP _____
ADDRESS _____		ADDRESS _____	
CITY _____ STATE _____ ZIP _____		CITY _____ STATE _____ ZIP _____	
SOCIAL SECURITY # _____ BIRTHDATE _____		SOCIAL SECURITY # _____ BIRTHDATE _____	

G. Telephone Options

- Permits the exchange between identically registered Kirr, Marbach Partners Funds accounts. Call 1-800-870-8039.
- 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.

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

NAMES ON BANK ACCOUNT _____

BANK NAME _____ ACCOUNT NUMBER _____

BANK ADDRESS _____ BANK ROUTING / ABA # _____

H. Signatures

I adopt the Kirr, Marbach Partners Funds Individual Retirement Account and appoint U.S. Bank N.A. to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have read and understand the IRA Disclosure Statement and Custodial Account Agreement. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares from my account balance. I further agree to follow all of the terms and conditions of the IRA Custodial Account Agreement.

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 house holding (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.

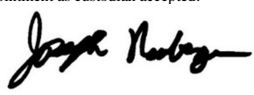
The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Kirr, Marbach Partners Funds") will not be responsible for banking system delays beyond their control. By completing the banking section of this application, I authorize my bank to honor all 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.

SIGNATURE _____ DATE _____

Appointment as custodian accepted:



U.S. Bank N.A. _____ DATE _____