

ACCOUNT APPLICATION



MARSICO FUNDS®

IMPORTANT INFORMATION

Do not use this application to establish a Marsico Funds IRA account. To request a Marsico Funds IRA Application and/or a Marsico Funds IRA Transfer Form, please call **888-860-8686** or visit our Website at **www.marsicofunds.com**. There is a \$2,500 minimum initial investment per Fund, unless the account is established using the Automatic Investment Plan. If you have any questions, please contact an Investor Service Representative at **888-860-8686**. **The Fund does not accept investments from individuals or entities without a U.S. Social Security Number/Tax Identification Number and a U.S. address or Foreign Financial Institutions as defined in the USA PATRIOT Act.**

NEW PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions 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, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In order to process your application, you must complete sections 1, 2, 3 and sign section 11 on the back of this application. Also include any documentary information required.

1 ACCOUNT REGISTRATION

Please check only one type of registration below:

Individual* (may not be a minor) **Joint**** (may not be a minor)

Owner's Social Security Number _____ Date of Birth _____

Owner's Name (first, middle, last) _____

Joint Owner's Social Security Number _____ Date of Birth _____

Joint Owner's Name (first, middle, last) _____

*To establish a Transfer on Death account, please call 888-860-8686 for an additional form.

**Joint tenants with rights of survivorship, unless otherwise noted.

Uniform Gifts/Transfers to Minor's Account (UGMA, UTMA)

Minor's Social Security Number _____ Date of Birth _____

Minor's Name (first, middle, last; one name only) _____

Custodian's Social Security Number _____ Date of Birth _____

Custodian's Name (first, middle, last; one name only) _____

Trust (trust instrument required)

Trust's Tax Identification Number _____ Date of Trust _____

Name of Trust _____

Trustee's Social Security Number _____ Date of Birth _____

Trustee's Name (first, middle, last; one name only) _____

Corporation or Other Entity (organizational documentation required)

Type of Entity: Corporation Partnership Other

Organization's Tax Identification Number _____

Name of Organization _____

2 YOUR FUND SELECTION(S)

Minimum Initial Investment Amounts:

- \$2,500 per regular Fund account
- \$500 for a Uniform Gifts/Transfers to Minor Account
- \$1,000 with an Automatic Investment Plan (For this option, also complete sections 4 and 5.)

Payment by Check Please Make Checks Payable to Fund Name

Purchase by Wire Call **888-860-8686** for Instructions

40 – Marsico Focus Fund \$ _____

41 – Marsico Growth Fund \$ _____

42 – Marsico 21st Century Fund \$ _____

43 – Marsico International Opportunities Fund \$ _____

44 – Marsico Flexible Capital Fund \$ _____

45 – Marsico Global Fund \$ _____

46 – Marsico Emerging Markets Fund \$ _____

48 – Marsico Shares of the BofA Cash Reserves Fund (Money Market Fund) \$ _____

Total \$ _____

3 MAILING ADDRESS

Applications will only be accepted if they contain a U.S. or Puerto Rico address.

Street (If P.O. Box, please also complete the residential/street address box below.) _____

City, State, ZIP Code _____

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Daytime Telephone _____ Evening Telephone _____

() ()

Fax Number _____ E-Mail Address _____

Additional Address or **Broker Dealer Information** (if applicable)

Residential/Street Address

To send copies of confirms and statements for this account (optional)

Name _____

Street _____

City, State, ZIP Code _____

Broker Dealer Rep. Name _____ Broker Dealer Account Number _____

4 AUTOMATIC INVESTMENT PLANS

Automatic Investment Program: This option allows you to make automatic monthly, quarterly, semi-annual or annual investments (\$50 minimum per purchase) into your Marsico Funds account(s) directly from your bank account. To establish a new account with this program, you must initially invest at least \$1,000 per account and subsequent investments must be at least \$50 per purchase. **You must also include the bank information in section 5.**

Fund Name _____ \$ _____
Amount (\$50 minimum)

Begin Investment on (month, year)

5th 10th 15th 20th***

monthly quarterly semi-annually annually

*** If no date is specified, investments will be made on the 20th day of each month. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

5 BANK INFORMATION

You must complete this section if you would like the ability to add funds to your account electronically, conduct online purchase transactions or have redemption proceeds sent to your bank electronically. **Please attach a voided, unsigned check or deposit slip for this bank account.**

Name of Bank _____

Address of Bank _____

City, State, ZIP Code _____

Name(s) on Bank Account _____

Bank Account Number _____

ABA Number (available from your bank)

() ()

Bank Phone Number _____

This is a: checking account savings account

Application is continued on the back

