

Insured Cash Shelter Account Application



Mail To: USA Mutuals Partners Insured Cash Shelter Account
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: USA Mutuals Partners Insured Cash Shelter Account
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-866-264-8783**.

In compliance with the USA PATRIOT Act, all Financial Institutions are required to obtain the following information for all registered owners and all authorized individuals: **Corporate Name, Phone Number, Tax ID 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 Insured Cash Shelter Account ('Program') reserves the right to return your funds without interest. **Please read the Terms and Conditions before investing.**

1. Investor Information

NAME OF CORPORATION OR ENTITY

NAME OF CONTACT PERSON

EMAIL ADDRESS

PERMANENT ADDRESS

CITY

STATE

ZIP

()

DAYTIME PHONE

()

FAX NUMBER

TAX I.D. NUMBER

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.) Please call (866) 264-8783 for information on what forms may be required. Remember to include a separate sheet detailing the Full Name, Phone Number and Email Address for all authorized individuals.

2. Initial Investment

By check: Make check payable to USA Mutuals Partners Insured Cash Shelter Account. \$ _____

By wire: Call 1-866-264-8783. **Completed application required in advance of wire.**

Wire amount \$ _____

Insured Cash Shelter Account is a FDIC insured account, it is not a mutual fund.

**All interest payments will be reinvested.*

Wire Information:

Prior to calling your bank, contact your advisor or call 866-264-8783 for specific wiring instructions.

3. Permanent Street Address (P.O. Box is not acceptable) (Residential Address or Principal Place of Business)

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE #

EVENING PHONE #

Mailing Address (if different from Permanent):

If completed, this address will be used as the Address of Record for all statements, checks and required mailings.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Confirmation #1

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

NAME

STREET

APT/SUITE

CITY

STATE

ZIP CODE

Duplicate Confirmation #2

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

NAME

STREET

APT/SUITE

CITY

STATE

ZIP CODE

4. Telephone and Internet Options

- Yes** – I (we) authorize USA Mutuals Partners to honor redemption requests received by telephone. Written redemptions require the signatures of all owners while one owner may make a redemption by telephone. For your protection, the Program sends the cash proceeds of a redemption only to the address of record or to the bank account which you have pre-designated.
- Redemption** – permits the transfer of funds via:
 - Check to address of record
 - Federal wire to your bank account indicated in section 7 (\$15.00 charge for each wire)*
 - EFT at no charge, to your bank account indicated in section 7 (funds are typically credited within two days after redemption)*
- Purchase (EFT)** – if checked, permits the transfer of deposits from your bank account below
- Exchange** – permits the exchange of shares between identically registered accounts

**In order to implement the telephone options for your account, which allows you to call and redeem or purchase over the phone, the above Redemption and/or Purchase box must be checked, along with the delivery method for the proceeds. If the Redemption box is checked, with no option indicated, any telephone redemption will be limited to the receipt of a check. If you choose to enact these options at a later date, after your account is open, a signature guaranteed letter of instruction will be required to implement these telephone options for your account.*

5. Authorized Trader(s)

1. PRINT NAME AND SIGNATURE	
PHONE NO.	EMAIL
2. PRINT NAME AND SIGNATURE	
PHONE NO.	EMAIL
3. PRINT NAME AND SIGNATURE	
PHONE NO.	EMAIL
4. PRINT NAME AND SIGNATURE	
PHONE NO.	EMAIL

6. Signature and Certification Required by the Internal Revenue Service

Please sign below. Custodians, Trustees, Corporate Officers, or Partners must use their titles.

By signing below, I/we certify that I/we have the authority and legal capacity to make this deposit. I/we have read and understand the Terms and Conditions for the Program and privileges selected and agree to the provisions therein and those in this Application. I/we understand and agree to the terms in this Application, all the Terms and Conditions to which I/we have consented, and the certifications contained herein. I/we acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as terms and conditions, shareholder reports, proxies, and other similar documents. I/we may contact the administrator to revoke my consent. I/we agree to notify the Program administrator 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 program and its transfer agent shall not be liable if I/we fail to notify the Program within such time period. I/we represent that I/we am of legal age and have legal capacity to make this purchase.

I/we understand that USA Mutuals Partners Inc. is not a bank, however, moneys in USA Mutuals Insured Cash Shelter Account are insured by the FDIC for each category of legal ownership, including any other balances I/we may hold directly or through intermediaries, subject to the Program's Terms and Conditions and FDIC regulations. I/we understand that USA Mutuals may choose not to send duplicate shareholder communications to related accounts at a common address, unless instructed to the contrary by me/us.

The ICOSA, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "USA Mutuals Partners Inc."), will not be responsible for banking system delays beyond their control. By completing section 4, 5 or 6, I/we authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable portfolio. USA Mutuals Partners Inc. will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the Terms and Conditions 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/we agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I/we agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I/we further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the ICOSA's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation. I/we authorize USA Mutuals Partners Inc. to perform a credit check based on the information provided, if necessary.

Under the penalty of perjury, I/we certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I/we 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/we am no longer subject to backup withholding. (3) I/we am a U.S. person (including a U.S. resident alien). Or I/we am not a U.S. person or U.S. resident alien, and have included the applicable W-8 form with my application.

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

SIGNATURE OF OWNER*

SIGNATURE OF JOINT OWNER, if any

SIGNATURE OF JOINT OWNER, if any

NAME (PRINT)

NAME (PRINT)

NAME (PRINT)

TITLE

TITLE

TITLE

DATE (Mo/Dy/Yr)

DATE (Mo/Dy/Yr)

DATE (Mo/Dy/Yr)

*If accounts 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.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

7. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

DEALER HEAD OFFICE

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE

BROKER ID

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REP'S A.E. NUMBER

8. Bank & Wire Instructions

To redeem with payment via wire transfer, please provide full bank account information as shown below. Any change in these instructions must be made in writing to USA Mutuals Partners Insured Cash Shelter Account and signature guaranteed.

BANK NAME	BRANCH OFFICE (IF APPLICABLE)	NAME(S) ON YOUR BANK ACCOUNT
BANK ADDRESS (DO NOT USE P.O. BOX)	BANK ACCOUNT NUMBER	BANK ABA NUMBER
CITY	STATE	ZIP

Please see below for application checklist prior to mailing.

Before you mail, have you:

- Completed all PATRIOT Act required information?
Social Security or Tax ID Number in section 1?
Permanent Street Address in section 3?
Enclosed additional documentation, if applicable?
- Signed your application in section 6?
- Signed the attached settlement form?
Settlement form allows you to call in your trade on day 1, and then send the wire to settle that trade on day 2.



Settlement Agreement

_____ (**Insert Financial Institution/Client Name**) wishes to enter into a settlement relationship with US Bancorp Fund Services, LLC ("USBFS") and **USA Mutuals Partners** for the deposit of assets into the **Insured Cash Shelter Account**.

Purchase Orders:

On each business day, _____ (**Insert Financial Institution/Client Name**) shall aggregate and calculate the net purchase orders for the Insured Cash Shelter Account that it received prior to 3:00 p.m. eastern time, (i.e., the close of trading) and communicate to US Bancorp Fund Services, LLC by telephone, prior to 3:00 p.m. eastern time (i.e. the close of trading) the net aggregate purchase order (if any) for the Insured Cash Shelter Account for such business day. Such business day is referred to herein as the "Trade Date". **The USBFS Institutional Services Representative taking the purchase will confirm with you that this is a "Balance Due" trade. Please acknowledge that it is indeed a "Balance Due" trade. Please call 1-800-443-2862 when placing such trades.**

Settlement:

_____ (**Insert Financial Institution/Client**) will transmit the principal of each purchase order to USBFS via fed wire transfer to be received at US Bancorp by **11:30 a.m.** eastern time, on the business day following the Trade Date.

_____ (**Insert Financial Institution/Client**) agrees that if it fails to wire the purchase principal to US Bank before such **11:30 a.m.** deadline, it will indemnify and hold harmless USBFS and/or the Insured Cash Shelter Account for which such purchase order was placed from any liabilities, costs and damages either may suffer as a result of such failure which shall include all expenses associated with reversing the purchase order. Failure to settle purchase orders prior to the deadline could result in the termination of this settlement agreement.

Wires should be sent as indicated below.

US Bank, NA
777 East Wisconsin Avenue
Milwaukee, WI 53202
ABA #075000022
Credit: Mutual Fund Services Acct # 112-952-305
Further Credit: Insured Cash Shelter Account (1270), Acct # _____
Ref: Balance Due Purchase

_____ (**Insert Authorized Signer Name**), has caused this Agreement to be executed on this date

_____ (**Date**) as an authorized officer of _____ (**Insert Financial Institution Name**).

Signed By: _____

Title: _____ (**Insert Authorized Signer's Title**)