Automatic Investment Plan

Use this form to establish an Automatic Investment Plan ("AIP") on your account. An AIP allows you to add regularly to your mutual fund account by authorizing us to deduct money directly from your checking or savings account on a periodic basis. Your bank must be a member of the Automated Clearing House ("ACH") to establish an AIP.

For additional information, please call 402-493-4603

Please provide your primary legal address, in addition to	
Owner's Name (First, Middle, Last)	Taxpayer ID Number or Social Security Number
Joint Name (if applicable)	Taxpayer ID Number or Social Security Number (if applicable
Street Address	Daytime Phone Number
City, State, Zip	Evening Phone Number
Email Address	Account Number
below. I understand that there is no charge for bank may have charges that may apply, and I n	ne Automated Clearing House (ACH) for this account as indicated or this service from the Fund or its transfer agent, although my nay cancel upon 30 days' written notice to the address listed or
I authorize electronic funds transfers through the below. I understand that there is no charge for bank may have charges that may apply, and I not the bottom of this form. I also understand that	ne Automated Clearing House (ACH) for this account as indicated or this service from the Fund or its transfer agent, although my nay cancel upon 30 days' written notice to the address listed or if the automatic purchase cannot be made due to insufficient ount a fee will be assessed and the Fund's transfer agent may
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Name of Bank		ABA Routing/Transit Number		
Street Address		Name on Bank Account Account Number		
City, State, Zip				
Fund as indicated in this form and that the in a current prospectus, agree to be bound by it	n under penalties of perjury oformation contained herein is ts terms and understand the i	that I have the authority and legal capacity to purchase shares of the complete and accurate as of the date hereof. I have received and rearisks associated with investing. This AIP service may be discontinued beceived no later than 5 business days prior to the specified investment		
Signature of Account Owner	 Date	Medallion Signature Guarantee*		
agnature of Account Owner	Date			

*A Medallion Signature Guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.

Date

Medallion Signature Guarantee*

Please mail completed form to: Gemini Fund Services, LLC, PO Box 541150, Omaha, NE 68154-9150 Overnight Deliveries: Gemini Fund Services, LLC, 4221 N. 203rd Street, Suite 100, Elkhorn, NE 68022

Signature of Joint Owner (if applicable)