THE HENSSLER EQUITY FUND
Lighting the Way

IRA Application

For assistance, please call 1-800-936-FUND (3863). **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal Law 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, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity. Applications without such information may not be accepted. Henssler Funds reserves the right to place limits on the transactions in your account until your identity is verified.

Participant Information

Name:______________________ Married: ☐ Yes ☐ No Account Number:______________________

Address:______________________ City:______________ State:________ Zip Code:________
(No P.O. Boxes)
Social Security Number:______________________ Birth Date:______________ Date Age 59-1/2:______________

Home Phone Number:______________ Business Phone Number:______________ E-Mail Address:______________

Account Information

Check Appropriate Fund: ☐ The Henssler Equity Fund Custodian: **Fifth Third Bank** Sponsor of Plan: **The Henssler Funds**

Initial Contribution $______________________ (Check type of Traditional or Roth IRA account below. Only one box may be checked.)

Traditional IRA

- ☐ Traditional IRA for tax year______________
- ☐ SEP-IRA
- ☐ Rollover/Direct Rollover
- ☐ Transfer from another Traditional IRA
- ☐ Simple IRA

Roth IRA

- ☐ Regular Roth IRA for tax year______________
- ☐ Rollover Conversion Roth IRA
- ☐ Transfer from another Roth IRA
- ☐ Rollover from another Roth IRA
- ☐ Contribution Conversion of $___________ plus earnings of $__________ for tax year________

☐ EZ-K Plan

Beneficiary(ies) Designation

Primary ☐ Contingent ☐ Name:______________________ Social Security No.______________ Birth date:__________
Address:______________________ Relationship:______________ Share%:__________
(No P.O. Boxes)

Primary ☐ Contingent ☐ Name:______________________ Social Security No.______________ Birth date:__________
Address:______________________ Relationship:______________ Share%:__________
(No P.O. Boxes)

Primary ☐ Contingent ☐ Name:______________________ Social Security No.______________ Birth date:__________
Address:______________________ Relationship:______________ Share%:__________
(No P.O. Boxes)

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated.)

Consent of Spouse

I consent to the above Beneficiary Designation. **Signature of Spouse:**______________________________
(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to the Participant's Spouse.)

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal adviser.

Signatures
Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt and accept the terms of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to this Individual Retirement Account. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

Participant Signature:______________________________ Date:______________

Signature of Custodian:______________________________ Date:______________