

# Pinnacle Value Fund

## Application to Buy Shares

**Mail To:**

Pinnacle Value Fund  
Mutual Shareholders Services  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

**Minimum Investment:**

Initial: \$2,500 Subsequent: \$100

**Need Help Call:**

(877) 369-3705 toll free

PLEASE PRINT

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**1 Registration of Shares**

Owner (Individual, Corporation, Trustee or Custodian)

Joint Owner (if applicable)

Address

Social Security or Tax ID Number

City

State

Zip

Daytime Phone Number

E-mail

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**2 Investment Information**

This investment represents an:

Initial investment payable to: **Pinnacle Value Fund**

Amount \$ \_\_\_\_\_

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**3 Dividend & Telephone Options**

All income dividends and capital gains distributions will be reinvested in additional shares as stated in the Prospectus unless the box below is checked. You elect to have telephone redemption privileges unless you check the box below:

Please pay all income dividends and capital gains distributions in cash.

I do not want telephone redemption privileges

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**4 Taxpayer Information**

If you do not have a Social Security number or a Taxpayer ID number, you must complete a Form W-8 which is available by calling the above phone number:

Citizenship:     U.S. Citizen             Resident Alien             Non-Resident Alien

The Internal Revenue Service (IRS) requires each taxpayer to provide a Social Security or Taxpayer Identification Number and to make the following certifications. I certify under penalty of perjury that:

1) The Social Security or Tax ID number stated above is correct.

2) I am not subject to backup withholding because:\*

A - The IRS has not informed that I am subject to backup withholding

B - The IRS has notified me that I am no longer subject to backup withholding

\*If this statement is not true you are subject to backup withholding, cross out line 2

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**5 Signature and Agreement**

I/We, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Pinnacle Value Fund and are purchasing shares in accordance with its provisions. I/We further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment. *The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

I/We understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I/We authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I/We agree that neither the Fund, not the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Date

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For help with this form call:  
(877)369-3705 toll free

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## 6 Automatic Investment Plan

YES, I/we want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your Pinnacle Value Fund from your bank, savings and loan, or credit union using the ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check. Financial institution account number: \_\_\_\_\_, phone number: \_\_\_\_\_.

AMOUNT \$ \_\_\_\_\_ (MINIMUM \$100)

FREQUENCY:

MONTHLY       BI-MONTHLY       QUARTERLY

DAY FOR INVESTMENT:

5TH       20TH

It is understood that this authorization may be terminated by me/us at any time by written notification to Pinnacle Value Fund. The termination request will be affective as soon as Pinnacle Value Fund has had reasonable time to act upon it.

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## 7 Duplicate Confirmations and Statements

Please send duplicate confirmations and statements to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

IF BROKER-DEALER/ADVISOR:

REP NAME: \_\_\_\_\_

BRANCH/REP #: \_\_\_\_\_

PHONE: \_\_\_\_\_

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