

NAKOMA ABSOLUTE RETURN FUND

NEW ACCOUNT APPLICATION

Make checks payable to: Nakoma Mutual Funds. Mail completed application to: Nakoma Mutual Funds, P.O. Box 2175 Milwaukee, WI 53201-2175. To contact the Nakoma Mutual Funds by phone: Call 1-866-6NAKOMA for Fund information, literature, prices and account information or visit online at www.nakomafunds.com. Send overnight deliveries to: Nakoma Mutual Funds, 803 W. Michigan St., Suite A, Milwaukee, WI 53233-2301.

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 to you: When you open an account, we will ask your name, address, date of birth and other information that will allow us to identify you. The Fund does not accept investments from A) individuals or entities without a U.S. Social Security Number or TIN and a U.S. address or B) Foreign Financial Institutions as defined by the USA PATRIOT ACT.

Institutional investors and individual trust account investors must provide the Fund with a corporate resolution, trust agreement or similar document to verify identity. Certain entities (publicly traded companies, ERISA plans, banks or government agencies) are exempt from the identification requirements. If you are completing the application for an exempt entity, please check the exact nature of the exemption. By signing below (Section 7), you hereby certify that you are exempt from the Customer Identification Program requirements of the U.S. Patriot Act.

Publicly Traded Company Bank or Other Regulated Financial Institution Government Agency and Instrumentality ERISA Plan

1. ACCOUNT REGISTRATION - Please print or type clearly. Individual and Joint Tenants may not be a minor.

Individual Owner

NAME: First, Middle, Last

SOCIAL SECURITY NUMBER BIRTH DATE

U.S. Citizen Resident Alien Non-Resident Alien (submit Form W-8)

Joint Owner - Registration will be JTWROS (Joint Tenant with Right of Survivorship) unless otherwise specified.

NAME: First, Middle, Last

SOCIAL SECURITY NUMBER BIRTH DATE

U.S. Citizen Resident Alien Non-Resident Alien (submit form W-8)

Gift To Minor

CUSTODIAN: First, Middle, Last

CUSTODIAN'S SOCIAL SECURITY NUMBER BIRTH DATE

MINOR: First, Middle, Last

MINOR'S SOCIAL SECURITY NUMBER BIRTH DATE

U.S. Citizen Resident Alien Non-Resident Alien (submit form W-8)

Trust (documentary information required)

NAME DATE OF TRUST

TAXPAYER IDENTIFICATION NUMBER

TRUSTEE'S NAME: First, Middle, Last

TRUSTEE'S SOCIAL SECURITY NUMBER BIRTH DATE

Other (documentary information required)

Corporation Partnership Foundation/Endowment
 Public Plan Hospital Union/Taft-Hartley Other

NAME OF ORGANIZATION TAXPAYER ID

PRIMARY CONTACT TITLE

2. MAILING ADDRESS - If mailing address is a Post Office Box, the residential/street address in next section must also be completed. (Applications will only be accepted if they contain a U.S. or Puerto Rico address.)

STREET OR P.O. BOX

CITY, STATE, ZIP COUNTRY OF TAX RESIDENCY

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DAYTIME TELEPHONE EVENING TELEPHONE

E-MAIL ADDRESS FAX NUMBER

Residential/Street Address

Additional Address or Broker/Dealer Information

To send copies of confirms and statements for this account

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP CODE

3. YOUR FUND SELECTION(S)

Minimum Initial Investment Amounts:

- \$1,000 per regular Fund account
- \$1,000 for a Uniform Gifts/Transfers to Minor account
- \$1,000 with an Automatic Investment Plan (for this option please complete Sections 6 & 7.)

Pay by Check. **Make Checks Payable to: The Nakoma Mutual Funds**

Purchase by Wire. **Call 1-866-6NAKOMA for Instructions**

Amount to Invest in Nakoma Absolute Return Fund \$ _____

Distribution Options: Reinvested Capital Gains in Cash

If no distribution option is checked, dividends and capital gains will be reinvested

