



Mail To:
 Davlin Philanthropic Fund
 Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147

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

Need Help Call:
 877-Davlin-8 (toll free)
 877-328-5468

DAVLIN PHILANTHROPIC FUND

IRA APPLICATION

1) ACCOUNT INFORMATION (PLEASE PRINT)

| | |
|----------------|------------------------|
| NAME | HOME PHONE |
| ADDRESS | SOCIAL SECURITY NUMBER |
| CITY | STATE |
| ZIP | DATE OF BIRTH |
| BUSINESS PHONE | EM AIL |

2) CONTRIBUTION INFORMATION

Account Type (check one):

- Traditional SEP IRA
- Roth Spouse IRA
- Rollover Transfer
- Coverdell Education Savings Account
(formerly Education IRA)

Initial Contribution (check one):

- Check payable to the Davlin Philanthropic Funds
 Amount \$ _____ for tax year _____
- Direct Rollover
 (Attach IRA Transfer Request Form)
- Direct Transfer
 (Attach IRA Transfer Request form)

3) CHARITABLE DESIGNATION:

Please inform us which charity/charities you would prefer to receive your donations. Note that you may chose up to three charities. Your donations will be divided evenly among your chosen charities. The charity/ies chosen will be informed of your generosity unless the box below is checked.

I would like to make my donations on an anonymous basis.

Only Check One Box:

I/We would prefer that my charitable donations go to the following charities chosen from the Approved Charities List:

NOTE: Please list only the charities reference number that can be found at www.DavlinFoundation.org/ApprovedCharitiesList.html or by calling **1-877- Davlin-8** or **1-877-328-5468**.

CHARITY ID NUMBER 1: _____

CHARITY ID NUMBER 2: _____

CHARITY ID NUMBER 3: _____

OR

I/We would like the Board of Trustees of the Davlin Foundation to pick the individual charities in the following areas:

Chose Up To Three Areas:

- 00100 - CULTURE - EDUCATION - FORMAL - AFTER SCHOOL PROGRAMS, CONTINUING EDUCATION, ETC.
- 00101 - CULTURE - EDUCATION - INFORMAL - MUSEUMS, ZOOS, LIBRARIES, HISTORIC PRESERVATION, ETC.
- 00102 - CULTURE - ARTS - PERFORMING - MUSIC, DANCE, THEATRE, ETC.
- 00103 - CULTURE - ARTS - VISUAL - PAINTING, SCULPTURE, CERAMICS, ETC.
- 00104 - HUMAN SERVICES - FOOD & CLOTHING
- 00105 - HUMAN SERVICES - SHELTER
- 00106 - HUMAN SERVICES - HEALTH
- 00107 - HUMAN SERVICES - DISABILITIES - MENTAL & PHYSICAL WELL-BEING
- 00108 - HUMAN SERVICES - EMPLOYMENT
- 00109 - ENVIRONMENT - CONSERVATION - HABITS, ANIMALS, ETC.
- 00110 - ENVIRONMENT - CONSERVATION - QUALITY - CLIMATE, AIR WATER, TOXICS, ETC.

DAVLIN PHILANTHROPIC FUND

IRA APPLICATION - PAGE 2

DESIGNATION OF BENEFICIARY:

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me.

| FULL NAME | SOCIAL SECURITY OR TAXPAYER'S ID | RELATIONSHIP | DATE OF BIRTH | PERCENT* |
|-----------|-------------------------------------|--------------|----------------|----------|
| 1. _____ | ____/____/____ | _____ | ____/____/____ | _____ % |
| 2. _____ | ____/____/____ | _____ | ____/____/____ | _____ % |
| 3. _____ | ____/____/____ | _____ | ____/____/____ | _____ % |

*If no percentage indicated the beneficiaries will share equally.

SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence, and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint US Bank to act as Custodian of my account. I indemnify US Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and the IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in the application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are the insured by the FDIC.

I 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 agree that neither the Fund, nor 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 your instructions believed to be genuine.

SIGNATURE

DATE

SPOUSAL SIGNATURE (if applicable)

DATE

US BANK SIGNATURE

DATE

US Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.