



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 EMAIL

2) CONTRIBUTION INFORMATION

Account Type (check one):

- Traditional
Roth
Rollover Amount \$
Coverdell Education Savings Account (formerly Education IRA)

Initial Contribution (check one):

- Check payable to the Davlin Philanthropic Funds Amount \$
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:

- 00000 - DONATION MATCHING INVESTOR - PLEASE USE MY DONATIONS TO MATCH OTHER INVESTORS DONATIONS.
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.*

COST BASIS ELECTION:

As part of the Economic Stabilization Act of 2008, mutual fund companies must provide cost basis reporting to the IRS. **Unless you select an alternate method, AVERAGE COST will be assigned to your account.** The alternate methods available are listed below:

- 1) First In First Out (FIFO)
- 2) Last In First Out (LIFO)
- 3) High Cost First Out (HIFO)
- 4) Low Cost First Out (LOFO)
- 5) Loss/Gain Utilization (LGUT)
- 6) Specific Lot Identification (SLID)

*Secondary Accounting Method Selection: _____

(Note: Average Cost is NOT a valid secondary method)

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.