

USA PATRIOT ACT
Supplemental Insert for Applications



This form must be completed and returned along with an application.

In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account or others who may be authorized to act on an account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. The information is required for all owners, co-owners, or anyone who will be signing on behalf of a legal entity that will own the account. We may also ask to see your driver's license or other identifying documents. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes.

If you have any questions please call Shareholder Services at 1-877-832-6952.

PART A: REGISTERED OWNER #1 (*Denotes Required Information)

Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

PART B: REGISTERED OWNER #2 (*Denotes Required Information)

Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

PART C: REGISTERED OWNER #3 (*Denotes Required Information)

_____ Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*	_____ Apartment #	_____ City*	_____ State*	_____ Zip Code*
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code
_____ Daytime Phone*	_____ Evening Phone			

Note: If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

PART D: SIGNATURE

By signing this form, I certify that the information provided is accurate and I acknowledge that Shareholder Services will use this information to attempt to verify my identity. Shareholder Services is requesting a copy of the articles of incorporation, partnership document, trust agreement or other similar documents solely for the purpose of allowing us to verify the identity as required by federal law. Shareholder Services is not assuming any responsibility for monitoring, maintaining, interpreting, or enforcing any terms or provisions of those documents.

All owners must sign.

<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date	<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date
<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date	<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date
<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date	<input checked="" type="checkbox"/> _____ Shareholder, Custodian, Trustee, or Authorized Officer Date

MAILING INSTRUCTIONS

Please mail-completed form and application to:

Regular Mail Delivery
TEAM Asset Strategy Fund
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
TEAM Asset Strategy Fund
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208