



IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: Portfolio 21
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Portfolio 21
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-877-351-4115, Ext. 21** or visit our website **www.portfolio21.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Investor Information

	_____	_____	_____
	FIRST NAME	M.I.	LAST NAME
\$1,000			
Minimum Investment	_____	_____	_____
	SOCIAL SECURITY NUMBER	BIRTHDATE (Mo / Dy / Yr)	

	EMAIL ADDRESS ⁽¹⁾		

2. Permanent Street Address

(Residential Address or Principal Place of Business – No PO Box addresses)

_____	_____
STREET	APT / SUITE
_____	_____
CITY	STATE ZIP CODE
_____	_____
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

Mailing Address

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

_____	_____
STREET	APT / SUITE
_____	_____
CITY	STATE ZIP CODE

3. Type of IRA

Choose only one account type.

Refer to disclosure statement for eligibility requirements and contribution limits.

- IRA Account**
- IRA Rollover Account** (Direct rollover from employer sponsored plan)
- Roth IRA Account**
- SEP** (Simplified Employee Pension Plan) **IRA** -- Each employee must complete an *IRA Application*.
- SIMPLE IRA** (Be sure to complete Section 11)

4. Type of Contribution

** If no tax year is indicated, we will assume it is for the current tax year.

- Annual contribution for tax year** _____ ** (If prior year, must be mailed on or before April 15.)
- Transfer** (assets are a direct transfer from current custodian). Complete and attach IRA Transfer Form.
- Rollover assets** (I had physical receipt of assets for less than 60 days) **from previous IRA or employer retirement plan.**
- Direct rollover of assets from my employer sponsored plan** (I did not have physical receipt of assets).
 - Corporate Pension Plan Profit Sharing Plan 401(k) 403 (b)
 - Other (please specify) _____
- Conversion of existing Traditional IRA to Roth IRA** (Available only if your Gross Adjusted Income is \$100,000 or less).

⁽¹⁾ By supplying your email address, you are giving the fund permission to send you information and fund updates electronically, when available.

5. Investment Amount

- By check: Make check payable to Portfolio 21. \$ _____
(\$1,000 Minimum)
- By wire: Call **1-866-209-1962**. Indicate amount of wire: \$ _____
(\$1,000 Minimum)

6. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check to Section 8 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

Please keep in mind that:

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

Amount per Draw (\$100 Minimum) \$ _____	Automatic Investment Plan Start Month _____	Automatic Investment Plan Start Day _____
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7. Telephone Option

Your signed application must be received at least 15 business days prior to initial transaction.

- Purchase (EFT)** - permits the on-demand purchase of shares from your bank account.*

If you selected any of these options, please attach a voided check to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.

- * In order to implement the telephone option for your account, which allows you to call the fund and purchase shares over the phone, the above. **If you choose to enact this option at a later date, after your account is open, a letter of instruction with a signature guarantee will be required to implement this telephone option for your account.**

8. Voided Check

Your signed application must be received at least 15 business days prior to initial transaction.

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through (“for further credit”) accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

Please include a voided bank check.

Based on the instructions in Section 6, funds will be automatically transferred from the checking account on the slip below:

PLEASE ATTACH VOIDED
BANK CHECK HERE

- \$25.00 fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions.

9. Beneficiary Information (If you need more space, please enclose a separate sheet of paper.)

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____
 SIGNATURE OF SPOUSE DATE

10. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Portfolio 21 Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for Portfolio 21 (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

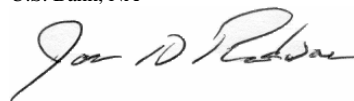
If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Portfolio 21") will not be responsible for banking system delays beyond their control. By completing sections 6 and/or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the Fund. Portfolio 21 will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

 DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE DATE (Mo / Dy / Yr)

Appointment as trustee accepted:
 U.S. Bank, NA



**11. SIMPLE IRA
PLANS ONLY**

**Employer
Information**

EMPLOYER (COMPANY) NAME _____

EMPLOYER STREET ADDRESS _____

EMPLOYER CITY / STATE / ZIP CODE _____

EMPLOYER CONTACT (NAME) _____

EMPLOYER CONTACT BUSINESS PHONE NUMBER _____

**12. Dealer
Information
(If applicable)**

Please be sure to complete representative's first name and middle initial.

DEALER NAME _____	REPRESENTATIVE'S LAST NAME _____	FIRST NAME _____	MI _____
DEALER HEAD OFFICE INFORMATION:	REPRESENTATIVE'S BRANCH OFFICE INFORMATION:		
ADDRESS _____	ADDRESS _____		
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____		
TELEPHONE NUMBER _____	TELEPHONE NUMBER _____		

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID number in Section 1?
 - Birth date in Section 1?
 - Full name in Section 1?
 - Permanent street address in Section 2?
- Enclosed your check made payable to Portfolio 21?
- Included a voided check, if applicable?
- Signed your application in Section 10?