

# ISI FUNDS ACCOUNT APPLICATION

You must have a broker/dealer in order to open an Account. Do not use this application to establish an Individual Retirement Account. Please print clearly all items except signature. To avoid having your application returned, please be sure to complete steps 1, 2 & 8. Return completed form with payment to the applicable Fund:

P.O. Box 46707, Cincinnati, Ohio 45246-0707

Overnight: 225 Pictoria Drive, Suite 450, Cincinnati, Ohio 45246

For assistance with other forms, please call us at 1-800-882-8585.

International  
Strategy &  
Investment

## Step 1: Account Registration

**1A. Check One:**  Individual  Joint Account *(cannot be a minor)*

Joint owners have rights of survivorship, unless state laws regarding community property apply.

Owner's Legal Name

Owner's Social Security ID Number

Owner's Date of Birth

Joint Owner's Name (if applicable)

Joint Owner's Social Security ID Number

Joint Owner's Date of Birth

**Trust, Corporation, Partnership or other Entity**

Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

Name of Trust, Corporation, Partnership or other Entity

Taxpayer Identification Number

Trust Date

Name of Trustee(s) or Authorized Individual(s)

Date of Birth for Trustee(s) or Authorized Individual(s)

Social Security ID Number of Trustee(s) or Authorized Individual(s)

**Gift/Transfer to a Minor (UGMA/UTMA)**

Custodian's Name (only one permitted) \_\_\_\_\_ as a custodian for

\_\_\_\_\_ under the \_\_\_\_\_ UGMA/UTMA

Minor's Name (only one permitted) \_\_\_\_\_ State

Minor's Social Security Number

Minor's Date of Birth

Custodian's Social Security Number

Custodian's Date of Birth

## 1B. Mailing Address and Telephone Number

Number and Street or P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( )  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

# 1C. Legal Address (Physical Address) *Only needed if different from mailing address, No P.O. Boxes*

Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Step 2: Initial Investment

Indicate the amount and enclose a check for the amount of your investment. (\$5,000 minimum)

Amount

Managed Municipal Fund \$ \_\_\_\_\_

Total Return U.S. Treasury Fund \$ \_\_\_\_\_

Strategy Fund \$ \_\_\_\_\_

North American Government Bond Fund - Class A Shares \$ \_\_\_\_\_

North American Government Bond Fund - Class C Shares \$ \_\_\_\_\_

The Funds do not accept cash, drafts, "starter" checks, traveler's checks, credit card checks, third party checks, post-dated checks, non-U.S. financial institution checks, cashier's checks under \$10,000 or money orders.

## Step 3: Redemption and Distribution Options

You can sell shares of your Fund having a value of \$50,000 or less by phone and have the money sent to you unless you decline this option.

Decline

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

	<u>Distribution Method</u>		<u>Payment Method</u>		
	Reinvest	Withdrawal*	ACH**	or	Check
Capital Gains	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="checkbox"/>

\* must choose a payment method

\*\* Automated Clearing House  
Sent to bank account listed in Step 7

Call (800) 882-8585 for information about reinvesting your dividends in other funds in the ISI Family of Funds.

## Step 4: Duplicate Statements and Confirmations

Please send duplicate statements and confirmations to an address other than that listed in Section 1B (optional):

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Step 5: Sales Charge Reductions and Waivers (Class A Shares Only)

(Complete only if you qualify for reduced or waived sales charge (optional):

**Sales Charge Waiver (See current prospectus for eligibility requirements)**

Check if eligible for waiver and indicate exclusion reason \_\_\_\_\_

**RIGHTS OF ACCUMULATION (Please see Prospectus for details)**

I (or members of my immediate family) own shares of other ISI Funds, which may entitle me to a reduced sales charge.

Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

The registration of some of my shares differs. The Fund name and account numbers of family members (which may qualify for a reduced sales charge for this or later purchases) are:

Fund Name	_____
Account Number	_____
Family Member	_____
Fund Name	_____
Account Number	_____
Family Member	_____

### LETTER OF INTENT

Sales charges may be reduced through accumulated investments. Check here only if you plan to invest \$100,000 or more within a 13-month period. I plan to invest the following amount in the Funds within a 13-month period:

<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> I am already investing under an existing letter of intent:
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,000,000	<b>Account Number</b> _____
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$3,000,000	

By agreeing to this Letter of Intent, I may qualify for a reduced sales charge based on the total amount I invest over a 13-month period ("Period") plus the amount of shares I already own. I authorize shares registered in my name equal to 5% of the specified minimum ("Minimum") to be held in escrow and to be released to my Account when I purchase the Minimum. If I do not purchase the Minimum during the Period, I agree to pay within 20 days of a written request the difference between the sales charge I paid and the applicable sales charge. If my payment is not received within 20 days of the request, I authorize the redemption of sufficient escrow shares for payment and the deposit of any remaining shares in my Account. I agree to the terms and conditions of the Letter of Intent as stated in the Prospectus.

## Step 6: Account Service Options

### 6A. Systematic Withdrawal Plan\* Yes No

*(Minimum \$10,000 account balance to participate). Please redeem sufficient shares from this account at the then current net asset value, in accordance with the instructions below. (Subject to a minimum \$100 per distribution)*

#### Please make my automatic withdrawal on:

<input type="checkbox"/> the last business day of the month	<input type="checkbox"/> the 15th day of the month
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**Frequency:**  Monthly  Quarterly **Beginning in the month of** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

\* This plan involves continuous withdrawal, regardless of share price levels, and does not assure a profit or protect against a loss in declining markets.

### 6B. Redemption Options

**By Electronic Transfer** *(to your bank account)*  Yes  Decline

If yes, you must complete bank information in Step 7 and select method of transfer.

(ACH) Automated Clearing House (\$100 minimum) or  Wire (\$1,000 minimum)

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 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. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner.

## Step 7: Electronic Funds Transfer Instructions

ATTACH  
YOUR VOIDED  
CHECK OR  
DEPOSIT  
SLIP HERE  
We cannot  
establish  
these services  
without it.

By attaching a voided check or deposit slip below and signing Step 8, I authorize credits/debits to/from this bank account in conjunction with the account options selected. I understand for the selected options involving wire transactions, my bank may charge me wire fees. I agree that the Funds and their agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

\_\_\_\_\_  
*Signature(s) of depositor (if different from signature in Step 8)*

\_\_\_\_\_  
*Signature of designated Co-Bank Account Owner*

This is a:  checking account  savings account

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

## Step 8: Signatures and Certifications

**By signing below, I certify that:**

- I have received and read the current prospectus of the ISI Funds (the "Fund Company"). I certify that I have the authority and legal capacity to make this purchase in this account, and that I am of legal age in my state of residence.
- I authorize the Fund Company 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 for this account or any account into which transfers are made. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I agree that neither the Fund Company nor any of its agents will be liable for any loss, cost or expense for acting on such instructions.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.

**Under penalty of perjury, I certify that:**

1. I am a U.S. person (including a U.S. resident alien).
2. The Taxpayer Identification Number shown on this application is correct.
3. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends.

**Cross out item 3 if you have been notified by the IRS that you are currently subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Each Account Owner Must Sign Here	
<i>Signature of Owner, Trustee, Custodian or Authorized Individual</i>	<i>Date</i>
<i>Signature of Joint Owner, Co-Trustee or Authorized Individual</i>	<i>Date</i>

**Fund Shares are not deposits or obligations of, or guaranteed or endorsed by, any financial institution and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency.**

## Step 9: Investment Broker/Dealer

**Important:** To be completed by your broker/dealer representative. You must have a broker/dealer representative in order to open an account. Registered Reps must complete Step 4 for duplicate statements and confirmations to be sent to your office. (Broker/Dealer must have approved agreement with the Funds' distributor)

\_\_\_\_\_  
*Broker/Dealer Firm Name*

\_\_\_\_\_  
*Dealer #*

\_\_\_\_\_  
*Branch Name*

\_\_\_\_\_  
*Representative's Name*

\_\_\_\_\_  
*Rep #    Branch #*

\_\_\_\_\_  
*Rep Telephone Number*

\_\_\_\_\_  
*Rep Office Street Address*

\_\_\_\_\_  
*Rep Office City/State/Zip*

\_\_\_\_\_  
*Authorized Signature (Registered Representative)*

**Please return check made payable to the applicable Fund and application to ISI Funds, P.O. Box 46707, Cincinnati, Ohio 45246-0707.**

**Thank you for your investment. You will receive a confirmation showing your Fund account number, dollar amount, shares purchased and price paid per share. For assistance call 1-800-882-8585.**