EntrepreneurShares™
Invest in Visionary Leadership™

Regular Account Application

Please do not use this form for IRA accounts

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

Overnight Express Mail To: EntrepreneurShares
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: ***full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.*** 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 at the current day's net asset value.

1 Investor Information | Select one

❑ Individual

FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

❑ Joint Owner

FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

❑ Gift to Minor

CUSTODIAN'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

CUSTODIAN'S SOCIAL SECURITY NUMBER

MINOR'S FIRST NAME (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY)

MINOR'S SOCIAL SECURITY NUMBER | MINOR'S STATE OF RESIDENCE

❑ Tax Exempt Organization
❑ C Corporation
❑ Partnership
❑ Limited Liability Company
❑ S Corporation
❑ Trust
❑ Other Entity

NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

NAME(S) OF TRUSTEE(S)

SOCIAL SECURITY NUMBER / TAX I.D. NUMBER | DATE OF AGREEMENT (MM/DD/YYYY)

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

❑ ***Check here if you are a government entity or affiliated with a government entity.***

2 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET | APT / SUITE

CITY | STATE | ZIP CODE

DAYTIME PHONE NUMBER | EVENING PHONE NUMBER

E-MAIL ADDRESS

❑ Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET | APT / SUITE

CITY | STATE | ZIP CODE

** A P.O. Box may be used as the mailing address.*

❑ Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

❑ Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

3 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost.**

Primary Method (Select only one)

- ❑ **Average Cost** – averages the purchase price of acquired shares
- ❑ **First In, First Out** – oldest shares are redeemed first
- ❑ **Last In, First Out** – newest shares are redeemed first
- ❑ **Low Cost** – least expensive shares are redeemed first
- ❑ **High Cost** – most expensive shares are redeemed first
- ❑ **Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- ❑ **Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- ❑ First In, First Out
- ❑ Last In, First Out
- ❑ Low Cost
- ❑ High Cost
- ❑ Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

4 Investment and Distribution Options

❑ **By check:** Make check payable to the EntrepreneurShares.
Note: Generally, cashier's checks of $10,000 or less, money orders of any amount and third party checks are not accepted.

❑ **By wire:** Call 1-877-271-8811.
Note: A completed application is required in advance of a wire.

	Investment Amount *$2,500 Minimum*	Capital Gains Reinvest	Capital Gains Cash*	Dividends Reinvest	Dividends Cash*
❑ EntrepreneurShares Global Fund Institutional Class 1667	$	❑	❑	❑	❑
❑ Entrepreneur US All Cap Fund Institutional Class 1749	$	❑	❑	❑	❑
❑ Entrepreneur US Large Cap Fund Institutional Class 1784	$	❑	❑	❑	❑

If nothing is selected, capital gains and dividends will be reinvested.

***Cash distribution should be paid by (select one):** ❑ Check to Address of Record ❑ ACH to Bank of Record
Valid Voided Check Needed

5 Automatic Investment Plan (AIP)

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. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually
$50 minimum *If no option is selected, the frequency will default to monthly.*

	AMOUNT PER DRAW	*AIP START MONTH*	*AIP START DAY*
❑ EntrepreneurShares Global Fund Institutional Class 1667			
❑ Entrepreneur US All Cap Fund Institutional Class 1749			
❑ Entrepreneur US Large Cap Fund Institutional Class 1784			

Please keep in mind that:

- There is a 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.

6 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.
** You must provide bank instructions and a voided check in Section 8.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

❑ **I decline telephone and/or internet transaction privileges.**

7 Systematic Withdrawal Plan (SWP)

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

System Withdrawal Plan (SWP) $100 minimum and $10,000 account value minimum – permits the automatic withdrawal of funds.

❑ Payments will be mailed to address in Section 2

❑ Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Make payments ❑ Monthly ❑ Quarterly ❑ Annually **starting with the month given here:**

❑ EntrepreneurShares Global Fund Institutional Class 1667	*AMOUNT PER DRAW*	*SWP START MONTH*	*SWP START DAY*
❑ Entrepreneur US All Cap Fund Institutional Class 1749	*AMOUNT PER DRAW*	*SWP START MONTH*	*SWP START DAY*
❑ Entrepreneur US Large Cap Fund Institutional Class 1784	*AMOUNT PER DRAW*	*SWP START MONTH*	*SWP START DAY*

8 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

53289

Pay to the order of _____ $ _____

_____ DOLLARS

VOID

Memo_____ Signed_____

⑆12345⑈678⑆ ⑆123456785678⑆

9 Signature and Certification Required by the Internal Revenue Service

✔ I have received and understand the prospectus for the EntrepreneurShares (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, 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.

✔ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4, 5, 6, or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions 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 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 not honored 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.

✔ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✔ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting.** ***(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)***

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF OWNER*	DATE (MM/DD/YYYY)
SIGNATURE OF JOINT OWNER*	DATE (MM/DD/YYYY)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

10 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME | FIRST NAME | M.I.

DEALER'S ID | BRANCH ID

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS | CODE

CITY / STATE / ZIP

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 personal check made payable to the EntrepreneurShares?
- ❑ Included a voided check, if applicable?
- ❑ Signed your application in Section 9?
- ❑ Enclosed additional documentation, if applicable?

For additional information please call toll-free 1-877-271-8811 or visit us on the web at www.ershares.com.