

# FORESIGHT FUNDS, INC. – GENERAL ACCOUNT APPLICATION

This form must be completed, signed and mailed to the address shown at the end of this form to establish a Foresight Value Fund account. This is a General Account application and should not be used to establish an IRA or SEP-IRA account. A separate account application form is available for IRA and SEP-IRA accounts. For assistance in completing this application, or for information concerning investing in the Foresight Value Fund, please call the fund toll free at 1-877-FSV-FUND (378-3863).

In compliance with the USA PATRIOT Act, 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. Your application will be returned if any of this information is missing. Additional information may be requested for verification purposes. In the rare event the fund is unable to verify your identity, the fund reserves the right to redeem your account at the current day's closing net asset value.

(Please Print)

## INVESTOR INFORMATION

Individual or  Joint Owner (Joint accounts are "joint tenants with right of survivorship" unless you specify otherwise)

Owner's Name (First, Middle, Last)		Alias
Social Security Number	Date of Birth (mm/dd/yyyy)	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____
Joint Owner's Name (First, Middle, Last)		Alias
Social Security Number	Date of Birth (mm/dd/yyyy)	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____

Gift or Transfer to Minor

Minor's Name (First, Middle, Last)		
Minor's Social Security Number	Minor's Date of Birth (mm/dd/yyyy)	Minor's Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____
Custodian's Name (First, Middle, Last)		Alias
Social Security Number	Date of Birth (mm/dd/yyyy)	State of Residence

Trust, Profit Sharing or Pension Plan Account (Please attach a Trust Resolution)

Name of Trust	Date of Trust Agreement
Trustee(s)	Taxpayer Identification No.

Corporation, Partnership or Other Entity (Please attach a Corporate or Non-corporate Resolution)

Name of Entity	Taxpayer Identification No.
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## MAILING ADDRESS OF REGISTERED OWNER

Permanent Street Address (P.O. Box is not acceptable)
City, State and Zip
Daytime Telephone Number (    )

Send duplicate account statements to party below:

Name
Address
City, State and Zip

