



**THE WEISS FUND
ACCOUNT APPLICATION**

This application cannot be used for IRA Accounts.

1. Account Registration:

Please check one.

- Individual
- Joint *
- Uniform Gift/Transfer to Minors Act
- Trust Account

Owner's Name - _____

Social Security # - _____

Date of birth _____

- U.S. Citizen
- U.S. Resident Alien

Co-owner's Name - _____

Social Security # - _____

Date of birth _____

- U.S. Citizen
- U.S. Resident Alien

*Please note, joint registration, both must sign the application. The registration will be as joint tenants with rights of survivorship, and not as tenants in common unless otherwise indicated.

Gift/Transfer to Minors Account Information

Name of minor - _____

Social Security # - _____

Date of birth _____

Minor's state of residence - _____

Name of Custodian - _____

Social Security # - _____

Date of birth _____

- U.S. Citizen
- U.S. Resident Alien

Trust Account Information

Date of Trust Agreement - _____

Tax Identification # _____

Name of Trust - _____

Name of Trustee - _____

- U.S. Citizen
- U.S. Resident Alien

Social Security # - _____

Name of Trustee - _____

- U.S. Citizen
- U.S. Resident Alien

Social Security # - _____

_____ - Indicate # of Trustees required by the Trust to redeem, exchange or transfer shares for the trust.

2. Address:

Street Address (No P O Box or Private Mail Boxes permitted.)

Mailing Address (P O Boxes and Private Mail Boxes permitted.)

Day-time Telephone #

(____) - _____ - _____

Evening Telephone #

(____) - _____ - _____

Please provide your e-mail address

_____@_____._____

Please provide alternate address information if necessary.

3. Investment Amount:

\$ _____.

Please make your check payable to "The Weiss Fund"

(001) Weiss Treasury Only Money Market Fund (\$10,000.00 minimum investment)

To wire funds, please call 1-800-430-9617 for instructions.

4. Dividend Election:

Unless you elect otherwise, all dividends will be automatically reinvested in additional shares. If you prefer to be paid in cash, check the appropriate box below.

Dividends: (Check one box only)

() – Pay in cash

() – Reinvest all dividends

5. Automatic Investing:

This program provides for investments to be made automatically by authorizing PFPC to withdraw funds from your bank account each month. Initial minimum investment requirements must be met to be eligible for this option. Subsequent investments of at least \$50.00 are required. This may not be used with a systematic withdrawal plan. The investment will be made on or about the 15th of the month. Please allow three (3) weeks for this to become effective.

Indicate amount below. Please be sure to complete **Section 8**.

\$ _____.

6. Check writing:

You may elect to redeem shares in the Weiss Treasury Only Money Market Fund by writing checks against your account. The minimum amount for each check is \$500.00. To elect this service, please fill out and return the Weiss

Treasury Only Money Market Fund Signature Card.

7. Telephone Transactions:

As a shareholder, you automatically receive the Telephone Transaction Privilege, which allows you to effect transactions, as outlined in this prospectus, by calling (800) 430-9617. If you do not wish to have this privilege, place a checkmark below:

() I decline the Telephone Transaction Privilege.

Proceeds of telephone redemptions may be mailed to your address of record or sent electronically to your bank. **Be sure to complete Section 8 for banking privileges.**

8. Banking Information:

Name of Depositor (as shown on bank records).

Name of Bank

Address of Bank

ABA# of Bank

Account #

_____, _____, _____
City State Zip

Bank Phone # (_____) _____ - _____

Type of Account:

() Checking Account () Savings Account

TAPE A VOIDED CHECK TO THIS APPLICATION:

Check must be pre-printed with your bank account number. Your voided check cannot be returned. (A savings and loan or credit union may not be able to receive redemptions via electronic funds transfer – EFT. Proceeds may then be transferred via fed wire. Wire charges will be paid by shareholder.)

9. Systematic Withdrawal:

The Systematic Withdrawal plan requires a minimum account balance of \$10,000 in shares at the current offering price. Minimum withdrawal is \$100. Each withdrawal redemption will be processed on or about the 25th of the month and mailed as soon as possible thereafter.

Beginning Month _____
Amount \$ _____

() Monthly () Quarterly

() Semi-Annually () Annually

Provide the following information only if distributions or withdrawal checks are to be payable to a person or organization different than account is registered.

Name of Bank or Individual		
Account# (if applicable)		
Street		
City	State	Zip

10. Duplicate Statement Request:

If you would like someone to receive a copy of your statement, please complete this section.

Name		
This person () is (X) is not a broker-dealer or financial advisor.		
Address		
City	State	Zip

() Check here if you wish to authorize this person to have inquiry access to your account by phone.

() Check her if you wish to authorize this person to transact on your account, and provide a completed Limited Power of Attorney.

11. Signatures

Sign below exactly as printed in Section 1 – Account Registration.

Taxpayer ID Certification:
Under penalty of perjury, I certify with my signature below that:

1- The number shown in this section of the application is my correct taxpayer identification number, and

2 – That 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 that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

❖ **IMPORTANT:** If you are subject to backup withholding, strike out item 2 in the above

sentence. Corporations and certain other entities are exempt from backup withholding for certain payments. If you are exempt, you must still provide a certified taxpayer identification number and write the word exempt” in the following space

_____. Nonresident aliens and foreign countries that are not subject to backup withholding must provide a completed IRS Form W-8, Certificate of Foreign Status.

❖ I (we) am (are) of legal age and have read the Prospectus for the Weiss Fund. I (we) hereby certify that each of the persons listed below has been duly elected and is now legally holding the office set below his name and has the authority to make this authorization.

All owners must sign.

Signature		Date	
Title (Owner, President, Trustee, General Partner)			
Signature		Date	
Title (Co-owner, Co-TTEE, Sec. of Corp)			

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.

Mail completed application to:

**Regular Mail:
The Weiss Fund
c/o PFPC, Inc.
P O Box 9833
Providence, RI 02940-8033**

**Overnight Mail:
The Weiss Fund
c/o PFPC, Inc.
101 Sabin Street
Pawtucket, RI 02860-1427**