

2 Fund Selection Be sure to indicate the amount you wish to invest. Please make check payable to The GendeX Fund. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. You may invest only in a Fund for which you have a current prospectus. (Minimum investments are \$2500 unless investing in the Automatic Investment Plan.) (Minimum is only \$100 if participating in the Automatic Investment Plan.) (See section 3D.)

	<u>Amount</u>
The GendeX Fund - Investor Class	\$ _____
The GendeX Fund - Institutional Class	\$ _____

Total: \$ _____

3 Account Options

A. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. Yes No

B. Banking Services

For your convenience, you may authorize The GendeX Fund to transfer funds between your bank account and your GendeX Fund account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application. I authorize you to establish banking services. Yes No

C. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)

(If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options:	<u>Reinvest</u>	<u>Cash</u>	<u>Directed</u>	<u>Cash Payment Method</u>
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	<input type="checkbox"/> ACH (Bank of record) <input type="checkbox"/> Check (Sent to address of record)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	

D. Automatic Investment Plan I would like the plan to begin in the month of _____ 20____. Please have the amount(s) indicated below with drawn from my bank account and invested in the Fund(s) listed below. (Minimum \$50.00 per transaction.)(Minimum investments are \$2500.00 unless investing in the AIP program.)

Amount \$ _____	<input type="checkbox"/> Each month on the 1st	Amount \$ _____	<input type="checkbox"/> Each month on the 1st
	<input type="checkbox"/> Each month on the 15th		<input type="checkbox"/> Each month on the 15th
	<input type="checkbox"/> Each month on the 1st and 15th		<input type="checkbox"/> Each month on the 1st and 15th

E. Automatic Withdrawal Plan This is available to shareholders with an account value of \$5,000 or more (minimum payment \$100). I would like the plan to begin in the month of _____ 20____. Please have the amount(s) indicated below deposited to my bank account.

Mailed to me by check at the address indicated in Section 1. (Automatic withdrawal will be on the 1st of the month.)

Fund _____	<input type="checkbox"/> Monthly	Fund _____	<input type="checkbox"/> Monthly
Amount \$ _____	<input type="checkbox"/> Quarterly	Amount \$ _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Annually		<input type="checkbox"/> Annually

F. Duplicate Statements & Confirmations (Unless indicated, duplicate statements and confirmations will be sent to the address below.)

Please send duplicate statements and/or confirmations to:

Name _____	Company _____
Address _____	City _____ State _____ Zip _____

4 Your Signature (All registered shareholders must sign.)

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

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

X Signature _____	X Signature _____
Date _____	Date _____
X Signature _____	X Signature _____
Date _____	Date _____

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name: _____	Broker/Dealer #: _____
Branch Name: _____	Branch #: _____
Rep. Name: _____	Rep. #: _____